

Master of Health Delivery Science

Graduate School of Biomedical Science
 Pacific Design Center
 8687 Melrose Avenue, Suite G-532
 West Hollywood, CA 90069



Email: gradprogram@csmc.edu
 Web: <https://www.cedars-sinai.org/educat>
 Phone: (310) 423-8294

**APPLICATION FOR ADMISSION
 LETTER OF RECOMMENDATION**

APPLICANT STATEMENT: To be completed by the applicant. Failure to acknowledge the waiver in the box below will result in this letter becoming ineligible for consideration in the application for admission to the MHDS program.

Name	_____		_____		_____
	Last/Family Name	First/Given Name	Middle Name (if any)		
Address	_____				
	Street	City	State/Province	Postal Code	Country
	_____		_____		
	Phone Number	Email Address			
<input type="checkbox"/>	I understand that this letter of recommendation is to be received and maintained by the Cedars-Sinai Graduate School of Biomedical Science and hereby expressly waive any and all rights I might have of access to this letter under the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977 and any or all other laws, regulations or policies. This waiving includes, but is not limited to, the right to inspect the contents of this letter, the right to make a copy of this letter for my use and the right to change or make amendments to this letter.				

**APPLICANT MUST COMPLETE THIS PART
 RECOMMENDER MUST COMPLETE THIS PART**

APPLICANT EVALUATION: Please complete the evaluation form below **in addition** to a signed letter of recommendation printed on paper with your institution's letterhead.

	Outstanding	Excellent	Very Good	Average	Cannot Assess
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Reliance and Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality/Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suitability for Graduate School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant and in what capacity?

 Months Capacity

Name	_____		_____		_____
	Last/Family Name	First/Given Name	Middle Name (if any)		
Address	_____				
	Institution or Business		Position/Title		

	Street	City	State/Province	Postal Code	Country
	_____		_____		
	Phone Number	Email Address	Signature	Date	
	_____		_____		_____

Return this form and an attached letter of recommendation in a sealed envelope with your signature or seal covering the flap to the Cedars-Sinai Graduate School in the address above or to the applicant.