

Cedars-Sinai Medical Center
Master of Science in Regenerative Medicine

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 Web: [Master of Science in Regenerative Medicine | Cedars-Sinai](#)
 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 graduate program.

Name	Last/Family Name		First/Given Name		Middle Name (if any)
Address	Street <small>USA</small>	City	State/Province	Postal Code	Country (if not <small>USA</small>)
	Phone Number	Email Address			
<input type="checkbox"/> I understand that this letter of recommendation is to be received and maintained by the Cedars-Sinai Medical Center Graduate Program in Biomedical Science and Translational Medicine 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"/>				
Research Aptitude and Potential	<input type="checkbox"/>				
Scientific Background	<input type="checkbox"/>				
Laboratory Skills and Techniques	<input type="checkbox"/>				
Ability in Oral Expression	<input type="checkbox"/>				
Writing Ability	<input type="checkbox"/>				
Perseverance	<input type="checkbox"/>				
Self-Reliance and Independence	<input type="checkbox"/>				
Originality/Creativity	<input type="checkbox"/>				
Social Skills	<input type="checkbox"/>				
Suitability for Graduate School	<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 <small>USA</small>	City	State/Province	Postal Code	Country (if not <small>USA</small>) / /
	Phone Number	Email Address	Signature		Date

Please return this form to gradprogram@csmc.edu with the subject line, MS-RMI Recommendation Letter