

**Science Medicine and Related Topics (SMART) Program  
Summer 2025 Teacher/Guidance Counselor Recommendation Form**

**To the applicant/parent/guardian:** This section is to be completed by the applicant/parent/guardian before giving it to a **current** teacher or guidance counselor who will provide the recommendation.

Applicant's Name:			Date of Birth:        /        /		
Last	First	Middle Initial	mo	day	year
Applicant's Address:					
Street	City	State	Zip Code		
Applicant's Phone Number: (    )        -			Applicant's Email Address:		
Parent/Guardian's Phone Number: (    )        -			Parent/Guardian's Email Address:		

**To the Teacher or Guidance Counselor:** The applicant is seeking admission to the SMART Program at New Jersey Medical School, which is designed to assist students who wish to pursue careers in healthcare to optimize their potential for success. Please complete the evaluation form for the applicant.

**Evaluations must be sent directly through the SMART Application form by May 9, 2025 (admissions on a rolling basis – do not wait until deadline)**  
**No form will be accepted from parents/guardians**

If you have any questions, please contact us at [smartprogram@njms.rutgers.edu](mailto:smartprogram@njms.rutgers.edu) or (973) 972-3762.

1.) In what capacity do you know the applicant? \_\_\_\_\_ 2.) What is the length of acquaintance? \_\_\_\_\_

Please rate the applicant by checking the appropriate box which most nearly represents our opinion of the applicant

	Poor	Fair	Good	Excellent	Cannot Judge
<b>Intellectual Ability</b>					
<b>Problem Solving Skills</b>					
<b>Motivation</b>					
<b>Ability to work with others</b>					
<b>Initiative</b>					
<b>Attentiveness to task</b>					
<b>Emotional Stability</b>					
<b>Overall Rating</b>					

3.) Does this student have any disciplinary/behavioral issues?  
Yes                          No

4.) Do you have any other concerns about this student?  
Yes    No

If yes to questions 3 or 4, please elaborate.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any additional comments that you believe may be helpful.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

Phone (        ) \_\_\_\_\_ Date \_\_\_\_\_

