



College of Health Sciences

Department of Medical Laboratory Science

Application for Admission

PROFESSIONAL MEDICAL LABORATORY SCIENCE PROGRAM

FALL 2012

Personal Information

Full Name: _____
Last First Middle/Maiden

Permanent Address: _____
Street Address Apt/Unit #

_____ *City State Zip Code*

Primary Phone: _____ *No dashes* Alternate Phone: _____ *No dashes*

E-Mail Address: _____ CWID or SS#: _____

Emergency Contact Information

Full Name: _____
Last First Relationship

Address: _____
Street Address Apt/Unit #

_____ *City State Zip Code*

Primary Phone: _____ *No dashes* Alternate Phone: _____ *No dashes*

Previous College Credit

Please list all colleges, universities, professional schools and programs attended since leaving high school.

| College/Program | Location | Hours Earned | Degree |
|------------------------|-----------------|---------------------|---------------|
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Interests and Experience

Please list any activities in which you have participated or any awards you have received while in college.

Please list your personal interests.

If you have had any professional or business experience, please describe.

Have you worked in a medical laboratory or been associated with Medical Laboratory Science in the past? If so, explain.

Why are you interested in Medical Laboratory Science?

Is there anything else that you would like to tell the MLS Admissions Committee about yourself?

My signature below attests the information provided in this application is accurate and true to the best of my knowledge. Any misrepresentation in these materials will be considered grounds for dismissal from the University of Louisiana at Monroe and the Medical Laboratory Science Program should I be accepted.

(Signature)

(Date)
