



# College of Health Sciences Department of Medical Laboratory Science

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## Academic Standards, Essential Functions, & Practice Requirements Signature Page

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*Please sign this form to indicate that you have read and understand the program's academic standards, including admission requirements and retention policy.*

*Please sign this form to indicate that you have read and understand the program's essential functions and that you believe you can meet them. If you are not sure that you will be able to meet these standards, or know of anything that currently or in the future might affect your ability to fulfill these functions, please consult with the program director to discuss your individual situation and/or to request a specific accommodation.*

*Please sign this form to indicate that you have read and understand the additional requirements to practice Medical Laboratory Science in the State of Louisiana.*

**Include this signature page in your completed application packet.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**CWID**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**