



APPLICATION FOR ADMISSION: TRANSFER STUDENTS
BS IN MEDICAL LABORATORY SCIENCE

LEGAL NAME: _____
LAST FIRST MIDDLE

CURRENT MAILING ADDRESS _____
STREET
CITY STATE ZIP CODE

PHONE NUMBERS: (HOME) _____
(CELL) _____

EMAIL ADDRESS: _____

LETTERS OF RECOMMENDATION REQUESTED FROM _____

INITIAL all statements below to attest to your understanding of the MLS Program policies

_____ I understand the ADMISSION CRITERIA for the MLS program.

_____ I believe I am capable of meeting the ACADEMIC REQUIREMENTS for the junior and senior years of the MLS program.

REQUIREMENTS for the junior and senior years of the MLS program.

_____ I am aware of the additional expenses incurred by a student in the MLS Program

_____ I understand that the completion of this application process does not guarantee admission to the program.

_____ I am aware that the MLS program has only 10 total spaces per year.

_____ I am aware that the MLS program has a limited number of clinical affiliates for clinical practicum rotations and a wait