



**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 NON-ACADEMIC ESSENTIAL FUNCTIONS with or without reasonable accommodation.*

\_\_\_\_\_ *I understand the MEDICAL 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 waitlist may need to be established for the full time students on the basis of GPA in MLS courses and successful progression in the program.*

\_\_\_\_\_ *I understand the PROGRAM-SPECIFIC MLS PROGRESSION STANDARDS.*

\_\_\_\_\_  
STUDENT E-SIGNATURE

\_\_\_\_\_  
DATE