

**Wright State University
Medical Laboratory Science Program
Clinical Year Student Application**

Name (print) _____ SS# or UID _____

Permanent Address _____

Campus Address _____

Phone _____ Preferred Email _____

Date of Birth _____ Birthplace _____ Citizenship _____

Do you have any physical handicaps that would limit your work as a Clinical Laboratory Scientist? _____

If yes, please explain. _____

Are you colorblind? _____

COLLEGES ATTENDED (Most recently attended listed first)

Please Send Official Transcripts from all Colleges and Universities other than Wright State University.

Name of School	Location	Degree(s)	Dates attended
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Activities and Honors

EMPLOYMENT EXPERIENCE: FULL TIME, SUMMER, MILITARY SERVICE

Type of Work	Employer	Location	Dates
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT EXPERIENCE DURING SCHOOL YEAR, ON OR OFF CAMPUS

Type of Work	Employer	Location	Average hours/week
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Three Academic/Professional References Required. List persons providing these below. References from family, friends and peers not accepted. Completed references must be sent directly to the MLS program at the address below.

Science Professor _____ Phone _____

Email Address _____

Science Professor _____ Phone _____

Email Address _____

Faculty Advisor _____ Phone _____

Address _____

Advisor or Employer _____ Phone _____

Email Address _____

*****ATTACH A SEPARATE PAGE BRIEFLY EXPLAINING YOUR REASONS FOR WANTING TO BECOME A MEDICAL LABORATORY PROFESSIONAL.*****

1. I certify that all statements made by me on this application are true and complete to the best of my knowledge and understand that any falsification will result in cancellation or dismissal.
2. I authorize the investigation of all statements made on this application. I authorize my former and/or current instructors and /or employers to disclose truthful performance-related information that they may have concerning my studies and/or employment with them, and thereby release those instructors and/or employers, their employees, and their agents from any liability arising out of their disclosure of such information.
3. In the event I become a student in the Wright State University Program for Medical Laboratory Science, I will comply with the rules and regulations of Wright State University, the Department of Biology, and the Clinical Affiliates of Wright State University.
4. I believe that I am able to meet the Technical Standards as required of the professional Medical Laboratory Scientist.
5. I hereby acknowledge that I have read and understand the above statements.

Signature of Applicant _____ Date _____

Return completed application to: Medical Laboratory Science Program Director,
235 Biological Sciences,
Wright State University
3640 Colonel Glenn Hwy
Dayton, Ohio 45435