

APPLICATION FOR ADMISSION

Entry Date June 20_____

Type of Program Applying for *(mark one)*

- Medical Laboratory Science Program
 Bridges Program: ___ MLS Track

STUDENT INFORMATION

Please Print in Pen or Type

1. Full Legal Name

Name _____
Last
First
Middle

Former Name (if applicable) _____ SS# _____

2. Permanent Address

_____ or _____
Number and Street
P.O. Box

_____ City State Zip

Telephone (____) _____

3. Current Mailing Address

_____ or _____
Number and Street
P.O. Box

_____ City State Zip

Telephone (____) _____ E-mail Address _____

4. Emergency Contact

Name _____
Last
First
Middle

Relationship: Father Mother Other: _____

Address _____
Number and Street
City
State
Country
Zip

Telephone (____) _____ E-mail Address _____

5. Citizenship *(mark one)*

U.S. Citizen

Legal permanent resident (immigrant) -- country of citizenship: _____

Alien registration number: _____ Date of Issue: _____

Include copies (front and back) of your Resident Alien Documentation

6. MSU Denver 900# (if applicable): _____

MSU Denver email (if applicable): _____

7. I understand that background checks will be performed. Yes No

8. I have read and understand the Essential Functions. Yes No

9. Have you ever been convicted of a felony? Yes No
If yes, please explain here:

10. Have you ever been dismissed/suspended from another academic institution? Yes No
If yes, please explain here:

11. Is English a second language? Yes No
If yes, the ability to speak and understand English must be verified by taking the TOEFL iBT test and achieving a total score of 90 or better. Contact the following web site for information: www.toefl.org. Test scores must be sent from the testing service DIRECTLY to the Colorado Center for Medical Laboratory Science prior to an interview being granted. The Admission Committee may waive this requirement for students who have successfully completed the equivalent of two years of an upper division science curriculum in a U.S. College or University.

12. **Narrative Statement**
Attach to this application a typewritten narrative of not more than two pages, explaining how you learned of the MLS profession, what factors or influences led you to this career choice, and how you expect to fulfill your goals as a medical technologist.

13. **Résumé**

EDUCATIONAL INFORMATION

14. **High School Information** (fill in the following about the diploma granting or last high school you attended)

CHECK ONE: High School Diploma GED

Name of HS/Institution	City	State	Zip Code	From (Mo./Yr.)	To (Mo./Yr.)	Highest Grade Completed (9-12)	Graduation Date (Mo./Yr.)

15. **List in chronological order ALL undergraduate colleges and professional/graduate schools attended.**
*Be sure to request that **each** college or university sends an official transcript **directly** to the Office of Admissions and Records. Final official transcripts showing all subsequent work must be submitted upon completion of the work. If you do not provide these transcripts, you will not be allowed to register for classes.*

College University	Address	Attendance Dates	Degree and Date Granted/Expected

16. **Subsequent Coursework** *(list all courses in which you are currently enrolled as well as any other courses you plan to take prior to entering the program). Please submit with your Application for Admission, a print out of your class schedule from the college/university web site with your name on it to verify enrollment.*

College/University	Semester/Yr.	Course Number	Course Title	Semester Hours	Date of Enrollment

17. **Molecular Biology Coursework:** *List all courses you have taken or in which you are currently enrolled that have molecular biology content.*

College/University	Semester/Yr.	Course Number	Course Title	Semester Hours	Date of Enrollment

REFERENCES

18. List below the names of the individuals whom you have requested submit a reference form. *The forms must be mailed directly to the Office of Admissions and Records, from the persons making the recommendations (an unofficial faxed copy may be submitted in addition to the official signed reference form). Please request two reference forms from the following: a chemistry, biology, or microbiology professor under whom you have studied, a MLS Advisor or other faculty advisor/professor, and one employer or professional under whom you have worked. **No substitutions accepted.***

Name	Address/Phone #	City	State	Zip	Relationship to Applicant
1.					
2.					
3.					

I hereby apply for admission to the Colorado Center for Medical Laboratory Science and, if admitted, agree to obey all rules and regulations of the Colorado Center for Medical Laboratory Science.

I hereby affirm that to the best of my knowledge all information furnished in this application is complete and accurate. I understand that withholding information requested or giving false information will make me ineligible for admission and enrollment, as well as cause for immediate dismissal from the program if enrolled.

Applicant Signature

Date

Please mail (faxed copies may be submitted, however the original must be mailed) this Application for Admission, Narrative Statement, Résumé, Verification of Degree Status Form, verification of course work in progress – see Section #16, and the \$50.00 CCMLS application fee payable to Metropolitan State University of Denver (include in the for/memo portion of the check the statement “CCMLS App Fee”) to:

Office of Admissions and Records
 Colorado Center for Medical Laboratory Science
 730 Potomac Street, Suite 102
 Aurora, CO 80011
 Phone: (720) 449-7454
 Fax: (720) 324-8638
medlabeled@msudenver.edu