

Clinical Laboratory Science Program Application

For legibility and copying, the program *requires* applications to be typed (or neatly printed)

Name: _____
Last
First
Middle

e-mail address: _____

Address: _____

Phone: Daytime: (_____) _____ - _____

Evening: (_____) _____ - _____

City: _____ State: _____ Zip: _____

Current State of Legal Residence: _____

Permanent Mailing Address (if different from above):

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____

ACADEMIC SUMMARY

ACADEMIC SUMMARY: In the table below, list in chronological order ALL colleges, universities, and technical schools attended. Report quarter credit hours as semester hours noting that one quarter hour = 2/3 semester hour.

Name of Institution	Location (City, State)	Attendance From: (Mo./Yr.)	Attendance To: (Mo./Yr.)	Degree & Date	Major(s)	Cum. GPA	Credits (Sem.Hrs.)
1.							
2.							
3.							
4.							
5.							

Copy of **all** college, university, and technical school transcripts must accompany this application.

Applicant Name: _____

Clinical Laboratory Science CURRICULUM PLAN

Identify the courses you have taken and/or are currently enrolled to meet each of the Clinical Laboratory Science Program prerequisites. Please list only one course in each line of the table. Identify the institution using the number from the first column of the Academic History table on page 1. Report quarter credit hours as semester hours noting that one quarter hour = 2/3 semester hours. If you are currently completing a prerequisite, place a **CE** (current enrollment). Labs for these courses, but requiring separate registration, need not be listed separately in these tables. Add these lab credits to those for the course.

Prerequisite	Dept. Code/ Course No.	Course Title	Institution	Year/ semester	Credit (sem. hr.)	Letter Grade
General/Intro. Biology						
Human Anatomy/Phy. I						
Human Anatomy/Phy. II						
Gen. Chemistry with Lab I						
Gen. Chemistry with Lab II						
Svy. Organic Chemistry						
Microbiology						
Genetics						
Statistics						
Other						

General Education Degree Requirements: Please indicate if completed (C), in progress (IP), or planned (P):
(order is what is on SNAP and in catalog)

College Writing		Self and Society	
Essentials Speech Communication		Humanistic Studies	
Minority Cultures or Multiracial Women's Studies		Arts (two courses)	
International & Multicultural Studies (World History)		Health and Physical Well-Being	
International & Multicultural Studies (second course)			

Applicant Name: _____

REFERENCES

List three persons who are submitting academic or work references for you. Forms to be used are included in this application packet.

<u>Name and Position/Title</u>	<u>Address</u>	<u>Telephone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

WORK EXPERIENCE

List your work experience history. Include volunteer experience, if applicable.

Duties and Responsibilities	# hours per week <i>Part Time/ Full Time</i>	Dates of Employment	Name of employer/agency/institution, city, state, and phone number: Name of supervisor:
			Employer: Supervisor:
			Employer: Supervisor:
			Employer: Supervisor:
			Employer: Supervisor:

Applicant Name: _____

PERSONAL NARRATIVES

Note: Narratives **must** be typed or computer printed

Please provide numbered narratives addressing the following items. Please respond to the questions **limiting your responses to the space provided on the application.**

1. Why are you choosing clinical laboratory science as a career?
2. Describe your personal characteristics that support your selection for this program.
3. Describe future academic and professional goals.
4. **OPTIONAL:** Use the space remaining to provide additional information, not found elsewhere in this application, that you believe would be important for the Admission Committee to know. This is optional and intended only to give each candidate full opportunity for self-expression.

Applicant Name: _____

Verification of Authenticity and Release of Information

My answers to the questions in this application and associated materials are true, accurate, and complete to the best of my knowledge. Any misrepresentation in these materials will be considered grounds for dismissal from the University of Wisconsin-La Crosse and the Clinical Laboratory Science Program should I be accepted. I hereby grant permission to all of my previous employers and work supervisors listed in this application, and the individuals who have provided references for this application, to release to the Clinical Laboratory Science Program information needed to verify any aspect of my application. A copy or facsimile of this application, references, and/or other supporting documents shall be considered as valid as the original in granting permission to verify this information.

Signed _____ Date _____