

# 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.

- If UW-L transcript shows all credits from prior institutions, only an unofficial UW-L transcript is required.
- If UW-L transcript does not show prior degree/credits from other institutions, official copies must be submitted from those institutions with this application (along with an unofficial UW-L transcript).
- Please wait for the current Fall grades to be submitted before obtaining transcript copies.

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, unless requiring separate registration, need not be listed separately in these tables. Add these lab credits to those for the course. *\*Note: not all prerequisites need to be met at time of application, though the majority should be at least in progress and be able to be completed in the allotted time\**

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 WINGS and in catalog)

College Writing		Science	
Public Oral Communication		Self and Society	
Mathematical/Logical Systems and Modern Languages (2 courses)		Humanistic Studies	
Minority Cultures or Multiracial Women's Studies		Arts (2 courses)	
International & Multicultural Studies (2 courses)		Health and Physical Well-Being	
		Total: 48 required How many taken (including currently enrolled)?	

Applicant Name: \_\_\_\_\_

**REFERENCES**

List three persons who are submitting academic or work references for you. At least two references should be from an academic source, the third can be academic or work-related. 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:

## **PERSONAL NARRATIVES**

Note: Narratives **must** be typed and computer printed (Times New Roman 12pt, single spaced)

Please provide numbered narratives addressing the following items. Please respond to the questions **limiting your responses to no more than one page per question.**

1. Why are you choosing clinical laboratory science as a career?
2. Describe any exposure to the profession (job shadow, volunteer, etc.).
3. Describe your personal characteristics that support your selection for this program.
4. Describe future academic and professional goals.
5. What areas, academically/professionally, are you in need of improvement?
6. **OPTIONAL:** Provide additional information, not found elsewhere in this application, which 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: \_\_\_\_\_

Using the schedule below, fill in course work that you are planning on taking this spring semester up until next spring semester. Include all course work required to be complete on-campus before the start of the internship year. Do not include CLI 420 and CLI 461, as location of courses is dependent on internship location.

Current Spring Courses	Credits
Total Credits:	

Summer Courses	Credits
Total Credits:	

Next Academic Year					
Fall Courses	Credits	J-Term Courses	Credits	Spring Courses	Credits
Total Credits:		Total Credits:		Total Credits:	

**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 \_\_\_\_\_