



School of Clinical Laboratory Science Application

FOR OFFICE USE ONLY		
Application Fee \$25 NON-REFUNDABLE		
Acceptance Deposit \$150 NON-REFUNDABLE		
Date Received:		
Notice to Applicant:	Accept	Reject
Acceptance from Applicant:	Verbal	Written
Date Eligible to begin clinical year:		

PERSONAL HISTORY				
Last Name		First		Middle
Current Address			Apartment/Unit #	
City		State		ZIP
Phone	Cell Phone		Preferred: Land Line	Cell
Email Address		Social Security No.		NDSU ID
Permanent Address			Apartment/Unit #	
City		State		ZIP
In Case of Emergency Notify:			Relationship	
Address			Apartment/Unit #	
City		State		ZIP
Phone	Cell Phone		E-mail Address	

HOSPITAL PREFERENCE
Please list in Order:
First Choice:
Second Choice:
No Preference at this time. The student may indicate preference following the interviews.
Have you applied to any other programs? YES NO
If Yes, Please List:

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES NO	Received: Diploma GED
College		Address		
From	To	Did you graduate?	YES NO	Degree

College		Address			
From	To	Did you graduate?	YES	NO	Degree
College		Address			
From	To	Did you graduate?	YES	NO	Degree
College level at time of application:					
Are you currently classified as a Clinical Laboratory Science Major?			YES	NO	
Will you have a degree prior to admission?			YES	NO	Major
Have you previously attended any medical laboratory program?			YES	NO	If Yes please indicate:
Name:		Address:			
Honors/Activities (please list):					
1.					
2.					
3.					
4.					

REFERENCES

List three people, including their job title, from whom you plan to obtain a reference. Two of these should be college professors. The third reference may be another professor or a former/present employer. (Committee reference acceptable if signed by each participant.)

- 1.
- 2.
- 3.

TRANSCRIPT AND TRANSCRIPT EVALUATION

-All applicants must submit official transcripts at the time of application.
 -All applications must include a transcript evaluation prepared by the Department Director which indicates courses completed, courses in progress and courses planned for the remainder of the year.

INTEREST

On a separate page, please type a one-page statement of your interest in Clinical Laboratory Science and your expectations for the clinical year.

SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date

RETURN APPLICATION AND FEES BY SEPTEMBER 28 TO:

Rita Prunty, Program Assistant, Dept of Allied Sciences
 Sudro Hall 118U, NDSU Dept 2680, PO Box 6050
 Fargo ND 58108-6050