

ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN

APPLICATION: MEDICAL LABORATORY SCIENCE PROGRAM

NAME: _____
(Last) (First) (Middle)

DATE: _____

PRESENT ADDRESS: _____
(School, Apt. etc.)

**CELL
PHONE:** _____

PERMANENT ADDRESS: _____

**HOME
PHONE:** _____

Email Address: _____

In case of emergency, please notify: _____

Phone: _____ **Relationship:** _____

EDUCATION	NAME OF SCHOOL	CITY/STATE	YEARS ATTENDED	MAJOR/ DEGREE	DATE OF GRADUATION
High School					
College					
College					
College					
Business, trade or night school					
Professional school					

1. Please list your previous employment, including military service or volunteer experiences:

<u>Employer</u>	<u>Work Description</u>	<u>Hours/Week</u>	<u>Dates</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Please list the activities, honors or scholarships held during high school and/or college:

3. **References:** Select three individuals (i.e., biology instructor, chemistry instructor, Medical Laboratory Science adviser, or employer) to whom you are not related but who knows you well enough to evaluate your personal qualities. At least two of these references must be from your college.

<u>Name</u>	<u>Location</u>	<u>Phone</u>
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a) _____
b) _____
c) _____

4. List courses (title, credits) that you are presently taking:

<u>Chemistry</u>	<u>Biology</u>	<u>Physics or Math</u>	<u>Other</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The above information is correct and without purposeful omissions. I have read and meet the academic and non-academic (technical) standards (listed on the directions sheet of the application) required for admission.

Signature of Applicant

Date