



**Application for Admission: Transfer Students
BS in Medical Laboratory Science**

Legal Name: _____
Last First Middle

Current Mailing Address: _____
Street

City State Zip Code

Phone Numbers: (Home) _____

(Cell) _____

Email address: _____

Letters of Recommendation Requested from:

- _____
1. *I am in full understanding of the conditions for admission to the Medical Laboratory Science Program.*
 2. *I understand that completion of this application process does not guarantee admission to the Medical Laboratory Science Program.*
 3. *I am aware that the Medical Laboratory Science Program has only 10 total spaces per year.*
 4. *I am in full understanding of the conditions for progression and alternate status.*
 5. *I have received a copy of the "Non-academic Essential Functions" of the program. These requirements have been sufficiently explained to me and I believe I am capable of meeting the "Non-academic Essential Functions", with or without reasonable accommodation.*

Student Signature

Date