

APPLICATION FOR MEDICAL TECHNOLOGY / CLINICAL LABORATORY SCIENCE PROGRAM

NAME OF APPLICANT - Last, First, Middle				SOCIAL SECURITY NUMBER	
U.S. CITIZEN		IF NATURALIZED, PLACE & CERTIFICATION NUMBER			
PRESENT ADDRESS - Street, City, State & Zip Code				TELEPHONE NUMBER	
PERMANENT ADDRESS - Street, City, State & Zip Code				TELEPHONE NUMBER	
NAME OF NEXT KIN		RELATIONSHIP	ADDRESS -Street, City & State & Zip Code		
HIGH SCHOOL - Name and Location					Yr. Completed
COLLEGE - Name and Location					Yr. Completed
SEMESTER HOURS COMPLETED	SEMESTER HOURS IN PROGRESS	APPROXIMATE GRADE POINT AVERAGE	MAJOR		MINOR (if Applicable)
RECOMMENDATIONS					
<u>NAME</u>			<u>SUBJECT TAUGHT / NAME OF BUSINESS</u>		
_____			_____		
_____			_____		
_____			_____		
YOUR E-MAIL ADDRESS					
PERSON TO NOTIFY IN CASE OF EMERGENCY:					
_____			_____		
(NAME)			(ADDRESS - Street, City, State)		
_____			_____		
BUSINESS PHONE			HOME PHONE		
The above answers are true and complete to the best of my knowledge. My personal, financial, and business affairs are so arranged that uninterrupted attendance may be expected if I am appointed					
_____			_____		
(SIGNATURE OF APPLICANT)			(DATE)		

RETURN THIS APPLICATION TO:
 Brian Goff, M.A., MT (ASCP)
 Laboratory Training Specialist
 Clinical Laboratory Science Program Director
 328 Ley Road
 Fort Wayne, IN 46825