

Application for Admission

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

EMPLID: _____

Pre-major Foundational courses

Course Number	Course Title	Semester taken	Grade
MTH 123	College Algebra & Trigonometry		
PHL 130	Introduction to Ethics		
BIO 170	General Biology I		
BIO 171	General Biology I Lab		
BIO 150	Anatomy & Physiology I		
BIO 160	Anatomy & Physiology II		
BIO 272	Statistics for the Biological Sciences		
BIO 314	General Microbiology		
CHM 141	General Chemistry I		
CHM 121	General Chemistry I Lab		
CHM 142	General Chemistry II		
CHM 127	General Chemistry II Lab		
CHM 250	Organic Chemistry I		
CHM 240	Analytical Chemistry		

References

Please list two professional references (college professors). Professors must submit LOR directly to Program

1. _____
2. _____

Work, Professional and Volunteer Experience

Institution/ Company: _____ Title: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____

Institution/ Company: _____ Title: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____

Professional organizations, clubs, honors, awards

Narrative Statement

Please attach to this application a brief personal statement describing why you are interested in the field of Medical Laboratory Science, including your personal and professional goals. Briefly describe the attributes and qualities which would make you a good candidate for our Program here at the College of Staten Island, and for the field of Medical Laboratory Science.

Disclaimer and Signature

I authorize the Medical Laboratory Science Program to utilize the information from this application (including transcripts, references, etc.) to determine my eligibility for this educational opportunity. I have read the student policies and guidelines, understand their content, and agree to abide by them if accepted into the Program. I attest that the information in this application and the attachments are true.

If this application leads to acceptance, I understand that false or misleading information in my application or application documents may result in my release.

Signature: _____ Date: _____