

Medical Laboratory Sciences Categorical Training Application

I wish to be considered for admission to the _____ categorical training program.

BIOGRAPHICAL DATA

Last Name _____ First Name _____ Middle Initial _____
Chosen/Preferred Name _____
Email Address _____
Cell Phone # _____

Permanent/Home Address

Street _____
City _____ State _____ Zip Code _____
Home/Emergency Phone # _____

Date of Birth _____ Gender (for statistical purposes only) _____

Ethnic Background (for statistical purposes only)

Puerto Rican	Asian or Pacific Islander/American
White Non-Hispanic American	American Indian or Alaskan Native/American
Other Hispanic or Spanish-Surnamed American (please specify):	Black Non-Hispanic American
Multiracial (please specify):	
Other (please specify):	

International Students – Required Information:

Country of Birth _____ Country of Citizenship _____
Country of (Permanent) Residence _____

EMPLOYMENT DATA

Current Place of Employment _____
Job Title _____

ACADEMIC DATA

****To be eligible for admission, applicant must have a bachelor's degree or higher in biological science or chemistry.***

List all educational institutions beyond high school level, in order of attendance. Official transcripts for each institution are required for program admission. Please email all official transcripts to the MLS Program Director at: bruce.blanchard@uconn.edu

Name of Institution	Location	Dates (mm/yy-mm/yy)	Degree (if granted)
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LETTER OF RECOMMENDATION

****A letter of recommendation from your current, direct supervisor must be submitted with your training application for review. Please ask for the recommendation to be sent to bruce.blanchard@uconn.edu***

Name of Direct Supervisor

Direct Supervisor's Title

ATTESTATIONS AND SIGNATURE

Have you ever been academically dismissed from any educational institution you have attended from the 9th grade (or the international equivalent) forward, due to not meeting scholastic standards?

Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, which resulted in disciplinary action? These actions could include, but are not limited to, probation, suspension, dismissal, or expulsion from the institution. Please note this DOES NOT include academic probation or academic dismissal for not meeting scholastic standards.

Have you ever been adjudicated guilty or convicted of a misdemeanor, felony or other crime? Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.

I accept responsibility for knowledge of and compliance with all University, Department, and Program rules, regulations, definitions, and procedures pertaining to my enrollment status at the University of CT. This includes, but is not limited to, any special regulations and procedures concerning course registration, drop or withdrawal, fee refunds, deadlines, and clinical compliance.

By typing my full name in the signature box below, I certify that the personal and academic information given on this application is complete and accurate and understand that failure to disclose fully and accurately all facts relating to this application may be grounds for revocation of admission.

Signature:

Date: