



College		Address			
From	To	Did you graduate?	YES	NO	Degree
College		Address			
From	To	Did you graduate?	YES	NO	Degree
College level at time of application:					
Are you currently classified as a Clinical Laboratory Science Major?			YES	NO	
Will you have a degree prior to admission?			YES	NO	Major
Have you previously attended any medical laboratory program?			YES	NO	If Yes please indicate:
Name:		Address:			
Honors/Activities (please list):					
1.					
2.					
3.					
4.					

### REFERENCES

List three people, including their job title, from whom you plan to obtain a reference. Two of these should be college professors. The third reference may be another professor or a former/present employer. (Committee reference acceptable if signed by each participant.)

- 1.
- 2.
- 3.

### TRANSCRIPT AND TRANSCRIPT EVALUATION

-All applicants must submit official transcripts at the time of application.  
 -All applications must include a transcript evaluation prepared by the Department Director which indicates courses completed, courses in progress and courses planned for the remainder of the year.

### INTEREST

On a separate page, please type a one-page statement of your interest in Clinical Laboratory Science and your expectations for the clinical year.

### SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date

### RETURN APPLICATION AND FEES BY SEPTEMBER 26 TO:

Rita Prunty, Program Assistant, Dept of Allied Sciences  
 Sudro Hall 118U, North Dakota State University  
 Fargo ND 58105-5055