

6. **Have you ever been convicted of a felony?** Yes No
If yes, please explain here:
7. **I understand that background checks will be performed.** Yes No
8. **I have read and understand the Essential Functions.** Yes No
9. **Have you ever been dismissed/suspended from another academic institution?** Yes No
If yes, please explain here:
10. **Is English a second language?** Yes No
If yes, the ability to speak and understand English must be verified by taking the TOEFL iBT test and achieving a total score of 90 or better. Contact the following web site for information: www.toefl.org. Test scores must be sent from the testing service DIRECTLY to The Colorado Center for Medical Laboratory Science prior to an interview being granted. The Admission Committee may waive this requirement for students who have successfully completed the equivalent of two years of an upper division science curriculum in a U.S. College or University.
11. **Narrative Statement**
 Attach to this application a typewritten narrative of not more than two pages, explaining how you learned of the CLS/MT profession, what factors or influences led you to this career choice, and how you expect to fulfill your goals as a medical technologist.

EDUCATIONAL INFORMATION

12. **High School Information** (*fill in the following about the diploma granting or last high school you attended*)

CHECK ONE: <input type="checkbox"/> High School Diploma		<input type="checkbox"/> GED					
Name of HS/Institution	City	State	Zip Code	From (Mo./Yr.)	To (Mo./Yr.)	Highest Grade Completed (9-12)	Graduation Date (Mo./Yr.)

13. **List in chronological order all undergraduate colleges and professional/graduate schools attended.**
*Be sure to request that **each** college or university sends an official transcript **directly** to the Office of Admissions and Records. Final official transcripts showing all subsequent work must be submitted upon completion of the work. If you do not provide these transcripts, you will not be allowed to register for classes.*

College University	Address	Attendance Dates	Degree and Date Granted/Expected

14. **Subsequent Coursework** (list all courses in which you are currently enrolled as well as any other courses you plan to take prior to entering the program). **Please submit with your Application for Admission, a print out of your class schedule from the college/university web site with your name on it to verify enrollment.**

College/University	Semester/Yr.	Course Number	Course Title	Semester Hours	Date of Enrollment

REFERENCES

15. **List below the names of the individuals whom you have requested submit a reference form.** *The forms must be mailed directly to the Office of Admissions and Records, from the persons making the recommendations (an unofficial faxed copy may be submitted in addition to the official signed reference form). Please request two reference forms from the following: a chemistry, biology, or microbiology professor under whom you have studied, an MLS/MLT Advisor or other faculty advisor/professor, and one employer or professional under whom you have worked. No substitutions accepted.*

Name	Address	City	State	Zip	Relationship to Applicant
1.					
2.					
3.					

I hereby apply for admission to The Colorado Center for Medical Laboratory Science and, if admitted, agree to obey all rules and regulations of The Colorado Center for Medical Laboratory Science.

I hereby affirm that to the best of my knowledge all information furnished in this application is complete and accurate. I understand that withholding information requested or giving false information will make me ineligible for admission and enrollment, as well as cause for immediate dismissal from the program if enrolled.

Applicant Signature

Date

Please mail (faxed copies may be submitted, however the original must be mailed) this Application for Admission, Narrative Statement, Verification of Degree Status Form, verification of course work in progress – see Section #14, and the \$50.00 application fee to:

Office of Admissions and Records
 The Colorado Center for Medical Laboratory Science
 730 Potomac Street, Suite 102
 Aurora, CO 80011
 Phone: (720) 449-7454
 Fax: (720) 324-8638
MedLabEd@ColoradoHealth.org

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