



The Colorado Center for Medical Laboratory Science

Denver, CO
Verification of Degree Status

Name: _____
Last First Middle Maiden

Directions: Check the appropriate box below and complete ALL blanks in the paragraph. Sign and date the form in the space provided. This form must be returned along with your Application for Admission to:

Office of Admissions
The Colorado Center for Medical Laboratory Science
1719 E. 19th Avenue
Denver, CO 80218

I have or will have earned a baccalaureate degree in _____
BS/BA; Department
before the August _____ start date from _____
year College/University
to be granted on _____
Month/Day/Year

I will have completed all pre-requisite course work for my degree in _____ as
Discipline
required by my college/university prior to entering The Colorado Center for Medical Laboratory Science and
will be eligible for the baccalaureate degree from _____ upon
College/University
completion of the education program at The Colorado Center for Medical Laboratory Science.

I hereby affirm that to the best of my knowledge all information furnished is complete and accurate. I understand that withholding requested or giving false information will make me ineligible for admission and enrollment.

Student Signature Date