

ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN

APPLICATION TO CLINICAL LABORATORY SCIENCE PROGRAM

NAME: _____ **DATE:** _____
(Last) (First) (Middle)

PRESENT ADDRESS: _____
(School, Apt. etc.)

PHONE: _____
(Include area code)
CELL
PHONE: _____
(Include area code)

PERMANENT ADDRESS: _____

PHONE: _____
(Include area code)

Email Address: _____

In case of emergency, please notify: _____

Phone: _____ **Relationship:** _____
(Include area code)

EDUCATION	NAME OF SCHOOL	CITY/STATE	YEARS ATTENDED	MAJOR/ DEGREE	DATE OF GRADUATION
High School					
College					
College					
College					
Business, trade or night school					
Professional school					

1. Please list your previous employment, including military service or volunteer experiences:

<u>Employer</u>	<u>Work Description</u>	<u>Hours/Week</u>	<u>Dates</u>
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2. Please list the activities, honors or scholarships held during high school or college:

3. **References:** Select three individuals (i.e., a biology instructor, a chemistry instructor, your Clinical Laboratory Science adviser, members of the health profession, employer, or a responsible person) to whom you are not related but who knows you well enough to evaluate your personal qualities. At least two of these references must be from your college.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
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a) _____

b) _____

c) _____

4. List courses (title, credits) that you are presently taking:

<u>Chemistry</u>	<u>Biology</u>	<u>Physics or Math</u>	<u>Other</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The above information is correct and without purposeful omissions. I have read and meet the academic and non academic (technical) standards (listed on the directions sheet of the application) required for admission.

Signature of Applicant Date