

Name of applicant: _____
last name *first name* *middle name*

APPLICATION FOR ADMISSION

The University of North Carolina at Chapel Hill

Clinical Laboratory Science Program (Medical Technology)

for the class entering _____
year

Additional information required for completion of the application process:

References: Two recommendations are required. Recommendation forms can be obtained from the CLS website or the office. Recommendation forms should be completed by college professors or teaching assistants who are familiar with your academic abilities.

Transcripts: Transcripts are NOT required for UNC-CH students. Transfer students should send their transcripts to the Office of Undergraduate Admissions.

Transfer Students: You must also apply to the Office of Undergraduate Admissions (Jackson Hall, CB #2200, The University of North Carolina, Chapel Hill, NC 27599-2200, 919-966-3621). Applications are available on the UNC website at www.unc.edu.

Interview: Applicants who meet the program's academic standards will be interviewed to assess additional qualifications for the profession of clinical laboratory science.

Deadline: **The deadline for completed applications is January 1. Completed applications received after January 1 will be considered for admission if positions are available in the program.**

Direct Correspondence to: Admissions Chair, Division of Clinical Laboratory Science
The University of North Carolina
CB# 7145, Bondurant Hall Suite 4100
Chapel Hill, NC 27599-7145

For more information contact: The Division of Clinical Laboratory Science
phone: (919) 966-3011, fax: (919) 966-5200
email: Alice_Lambert@med.unc.edu
website: www.med.unc.edu/ahs/clinical/

Please complete all sections

Name in full: _____

PID# (for UNC-CH students): _____

Current Address: _____

Phone No. _____ Valid Until: _____

Email: _____

Permanent Address: _____ Phone No. _____

Name and Address of Parent(s), guardian, or spouse: _____

List *all* colleges attended (beginning with most recently attended and including summer sessions)

<i>Name and Address</i>	<i>Dates</i>
_____	_____
_____	_____
_____	_____

College Degrees received or expected.

Degree received _____ (AA, AS, BS, BA, MS etc) with a major in _____
from _____ in _____
institution month and year

Degree expected _____ (AA,AS, BS, BA, MS etc) with a major in _____
from _____ in _____
institution month and year

Present College enrollment status (Check one):

- I am currently enrolled as a full-time undergraduate student at UNC-CH and will NOT have graduated prior to enrollment in the CLS program.
- I am currently enrolled as a full-time undergraduate student at UNC-CH and WILL graduate prior to enrollment in the CLS program. *
- I am currently taking courses through Continuing Studies at UNC-CH but have NOT been admitted through the Office of Undergraduate Admissions. *
- I am currently enrolled as a student at another institution (specify institution: _____). *
- I am not enrolled as a student anywhere at this time. *

* I understand that I must apply (or re-apply) to the Office of Undergraduate Admissions and be accepted in order to enroll in the CLS program. **NOTE:** Applications must be submitted to both Undergraduate Admissions and the CLS Program. It is important to apply to Undergraduate Admissions early as this process can be lengthy for some students.

College courses remaining. **Important: Complete this section accurately**

List all the courses **not shown on your current transcript** that you intend to complete prior to the entering date indicated on page 1. Include all CLS program pre-requisites that you need to complete.

Course	Hours	Term	Institution

Accelerated Curriculum

Applicants who have a baccalaureate degree from a US college or university may apply for the curriculum option that allows students to complete the CLS program in 16 months. The number of students in the accelerated program is dependent on the availability of summer clinical sites. Check all that apply:

- I wish to be considered for the accelerated program.
- If I am not chosen for the accelerated program, I wish to be considered for the standard CLS curriculum.

How did you learn about the CLS program at UNC-CH?

Describe your recent non-academic activities (eg: campus groups, sports, employment, volunteer work) and estimate the number of hours per week spent on each.

Please attach a 1-2 page typed statement describing your interest in Clinical Laboratory Science (CLS), your career goals, and how you think you can contribute to the CLS profession.

I certify that the information submitted in this application is true to the best of my knowledge.

Date: _____ Signature: _____

The decision to admit an applicant is conditioned on the applicant providing accurate and current information. Falsification or misrepresentation of information is cause for denial or revocation of admission