

UF Health JACKSONVILLE
School of Medical Laboratory Science

Current date: _____
Year I wish to begin training:
January _____

APPLICATION FOR ADMISSION

Name: _____
Last First Middle Maiden

Present Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Telephone #: Present _____ Permanent _____ Relative's _____

American Citizen: Y N If not, type of visa: _____ Expiration Date: _____
Circle One

E-Mail _____

	Name/Address	Dates of Attendance	GPA	Degree or Diploma
Education	_____			
High School:	_____			
College/University:	_____			

Reference: (Two must be from College/University Faculty). Include name, title, relationship to applicant, email address and telephone number.

1. _____
2. _____
3. _____

I certify that the information I submit in this application is complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or any omission of requested information may be cause for terminating me from the program at any time. I authorize the UF Health Jacksonville School of Medical Laboratory Science to consult with other institutions and persons in order to verify any information in this application, or to obtain information which may be pertinent to the evaluation of my application.

Signature Date

UF Health Jacksonville School of Medical Laboratory Science is committed to the belief that educational opportunities should be available to all qualified persons without regard to race, creed, color, age, sex, religion, handicap, national origin, sexual orientation, or any other classification prohibited by law.

INSTRUCTIONS: Official transcripts of all College/University credit should be forwarded directly from the Registrar's Office. If you will not have your Bachelor's degree by the start date of the school, a letter from the Registrar's office attesting to courses in progress and eligibility for your degree is required. You should have the people that you have listed as a reference write directly to us. Submit a brief biographical sketch and personal statement including why you are interested in Medical Laboratory Science.

Please return application and documents to:
Program Director
UF Health Jacksonville
School of Medical Laboratory Science
580 West 8th Street, Box T-56
Jacksonville, Florida 32209