

UNIVERSITY OF TENNESSEE MEDICAL CENTER
CLINICAL LABORATORY SCIENCE PROGRAM
1924 Alcoa Highway, Knoxville, Tennessee 37920

APPLICATION FOR ADMISSION

NAME _____
Last First Middle

ID NUMBER _____ EMAIL _____

PRESENT ADDRESS _____
_____ City State Zip

PHONE _____

PERMANENT ADDRESS _____
_____ City State Zip Telephone

EMERGENCY CONTACT _____
Name Telephone

FATHER'S NAME _____

ADDRESS _____
_____ City State Zip

PHONE _____

MOTHER'S NAME _____

ADDRESS _____
_____ City State Zip

PHONE _____

CLINICAL LABORATORY SCIENCE APPLICATION (continued)

EDUCATION

Name of School	Address	Dates Attended/Degrees
College		
Other		

Faculty Advisor _____ Phone/Email _____

EMPLOYMENT/VOLUNTEER WORK

Name of Business	Address	Dates	Supervisor

I AM APPLYING FOR THE CLASS WHICH BEGINS IN JANUARY 20__.

LIST THREE FACULTY MEMBERS WHO WILL BE PROVIDING REFERENCES FOR YOU (two science and one non-science). YOU MAY USE A FORMER EMPLOYER AS WELL, WITH APPROVAL FROM THE PROGRAM OFFICE.

1. _____
2. _____
3. _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ON A SEPARATE SHEET IN ESSAY FORMAT, NO LONGER THAN TWO PAGES, DOUBLE SPACED. IN ADDITION, YOU MAY ATTACH A CURRENT RESUME, IF AVAILABLE.

1. What have you accomplished that gave you the most satisfaction?
2. In what campus, community, or extracurricular activities and outside interests have you been involved, and in what capacity? How might your experiences benefit you in the CLS Program?
3. Why have you selected clinical laboratory science as your career?
4. What qualities do you feel you can offer the clinical laboratory science profession?

PLEASE REQUEST ALL COLLEGES/UNIVERSITIES TO SEND ALL TRANSCRIPTS TO THE PROGRAM OFFICE.

DATE _____ SIGNATURE _____

CLINICAL LABORATORY SCIENCE
The University of Tennessee Medical Center
Proposed Plan for Completion of Pre-Professional Courses

NAME _____ ID NUMBER _____
 _____ SEMESTER, 20____.

COURSE (Dept and Number)	TITLE	CREDIT HOURS

_____ SEMESTER, 20____.

COURSE (Dept and Number)	TITLE	CREDIT HOURS

I tentatively plan to complete my pre-professional course work in _____, 20____
 Month Year

DATE _____ SIGNATURE _____