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

APPLICATION FOR ADMISSION

NAME _____
　　　　　　　Last　　　　　　　　　　First　　　　　　　　　Middle

ID NUMBER _____ EMAIL _____
Non-UTK students will use SSN for the ID

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 _____

MEDICAL LABORATORY SCIENCE APPLICATION (continued)

EDUCATION

Name of School	Address	Dates Attended/Degrees

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 MLS Program?

3. Why have you selected medical laboratory science as your career?

4. What qualities do you feel you can offer the medical laboratory science profession?

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

DATE _____   SIGNATURE _____

MEDICAL 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 _____