

Were you ever convicted of a felony? Yes No If yes, explain and give dates:

List all colleges and universities attended and degree(s) earned. Official transcripts from all institutions listed below **(other than UNM)** must be sent to the Medical Laboratory Sciences Program.

Institutions	City/State	Dates of attendance		Degree
		From	To	

Degree status (check and complete appropriate answer):

I have completed a baccalaureate degree prior to entering the Medical Laboratory Sciences Program.

University granting degree: _____

I will receive the BSMLS degree after completing the Medical Laboratory Sciences Program.

University to award degree: _____

List courses now in progress and/or planned prior to starting the Medical Laboratory Sciences Program. Specify credit hours and completion dates for these courses.

List any honors received while in college.

List any extracurricular, community, or avocational activities you participated in while in college.
(Supplying this information is optional.)

List all employment in the last three years & include the following:

Date	Employer	Hours/week	Job Title

Have you ever worked or volunteered in a hospital?

If yes, please explain:

Briefly explain why you want to become a medical laboratory scientist; Do not use the phrase "want to help people"

Do you plan to attend as a part-time student if accepted into this program?

Yes

No

Please list three references (i, e., employers, professors or TAs) who can evaluate your ability and aptitude for this

type of career. Recommendations are due at the Medical Laboratory Sciences program office by the deadline listed below. Letters from family members will not be accepted.

Name	Occupation	Address

Medical Laboratory Sciences Program
MSC09 5250
1 University of New Mexico
Albuquerque, NM 87131-0001
(505) 272-5434

DEADLINE: Application must be received in the medical laboratory sciences program office by:
June 15 to be considered for fall admission
October 15 to be considered for spring admission

Note: Application may be dropped off or mailed to the Medical Laboratory Science program office.
The application may also be scanned and emailed to mls@salud.unm.edu.

I certify that information on this application is complete and accurate to the best of my knowledge. I agree to abide by the policies and regulations of the University of New Mexico.

Signature: _____

Date: _____