CLINICAL LABORATORY SCIENCES
UNDERGRADUATE PROGRAM APPLICATION

1. Name _____
Last First Middle Maiden

2. Date of Birth _____/_____/_____ 3. Social Security Number_____

4. Present Address_____
Number and Street

_____(_____)_____
City County State Zip Phone

5. Cell Number__(_____)_____ 6. E-mail address_____

7. Work Phone (optional) __(_____)_____

8. Permanent Address (if different than above)_____
Number and Street

_____(_____)_____
City State Zip Phone

9. Have you previously applied for admission to the CLS? Yes ☐ No ☐ If yes, give date_____

10. List all colleges, universities and professional schools attended. Be complete.

Institution	Major	Dates of Attendance	Degree or Certification

11. Please have an original transcript for all schools attended sent to Office of Student Affairs, UK Wethington Building, rm 111, 900 South Limestone Street, Lexington, KY 40536-0200.

12. 12. Please include a one-page biographical sketch indicating your reasons for desiring to enter the profession of Clinical Laboratory Sciences. Include a discussion of related employment or volunteer experiences. Submit with this application.

I understand that it is my responsibility to ensure that all application materials are received by the deadline date and that withholding or giving false or misleading information will make me ineligible for admission.

_____ _____
Applicant's Signature Date