

COLORADO MESA UNIVERSITY

Department of Health Sciences Medical Laboratory Technology (MLT)

Please Note: This application MUST be submitted via **PDF format**: healthscience@coloradomesa.edu by March 1st.

Last	First	Middle	Maiden Name

CMU ID# 700 CMU email: @mavs.coloradomesa.edu

CMU ID & Email is REQUIRED (This is the email address that will be used to contact you for anything regarding your application)

Mailing address: Address	City	State	Zip

Phone number with area code	Social Security number (last 4 digits only)

1. High School Graduate? ☐ Yes ☐ No GED? ☐ Yes ☐ No

2. Are you a current CMU student? ☐ Yes ☐ No

If "No" please list your current college or technical school:

3. I have reviewed the Medical Laboratory Technician Essential Functions document available at: [Medical Laboratory Technician Essential Functions](#). I understand the physical, sensory, cognitive, behavioral, and professional standards required for participation in the Medical Laboratory Technology Program and acknowledge that I am able to perform these essential functions, with or without reasonable accommodation.

☐ Yes ☐ No

4. Previous college or technical school experience [list name, year(s) attended, degree earned]

a.		Year(s) attended, degree:	
b.		Year(s) attended, degree:	
c.		Year(s) attended, degree:	

5. On a separate sheet of paper, please explain why you wish to become a Medical Laboratory Technician. The explanation should be one or two paragraphs in length and handwritten in black ink.

The Admissions Committee reserves the right to select applicants for admission to the Medical Laboratory Technology Program. Admission is conditional for the first two semesters of the program. Prior to placement in the final clinical semester, students must meet all clinical site requirements, including, but not limited to, a satisfactory criminal background check and drug screen. Additional requirements may be imposed by clinical affiliates. Students who are unable to meet clinical site requirements may be ineligible to complete the program.

I certify that all the information on this application form is accurate and complete. I understand that concealment of facts or false statements may result in dismissal from the program. Further, I am granting permission for the Department of Health Sciences to access my Colorado Mesa University records; including, but not limited to transcripts and transcript evaluations from the Office of the Registrar.

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Applicant Signature (electronic submission indicates personal signature)

Date