

COLORADO MESA UNIVERSITY
Department of Health Sciences
Medical Laboratory Technology (MLT)

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

Full legal name _____
Last *First* *Middle Initial* *Maiden Name*

CMU ID# 700 _____ CMU email (please print clearly): _____@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: (_____) _____ Cell: (_____) _____

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. Did you read the required "Medical Laboratory Essential Functions" available on the CMU website at <http://www.coloradomesa.edu/healthsciences/MedicalLaboratoryTechnology.htm> Yes No

Do you agree that you are able to perform these functions? Yes No

4. Previous college or technical school experience (list name and year(s) attended)
- a. _____ Year(s) attended: _____
- b. _____ Year(s) attended: _____

5. Have you applied to the Medical Laboratory Technology program before? Yes No

If yes, when _____

6. Are you a certified phlebotomist or have medical laboratory experience? Yes No
(If yes, submit proof with application).

7. 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 the applicants who shall be admitted. Acceptance is contingent upon receipt of all required application materials by the Department of Health Sciences and the completion of all general education and prerequisite requirements. Maintaining acceptance in the Medical Laboratory Technology program is contingent upon passing a CBI background check.

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.

Applicant Signature (electronic submission indicates personal signature)

Date