

**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](mailto:healthscience@coloradomesa.edu) by March 1<sup>st</sup>.

Full legal name \_\_\_\_\_  
*Last* *First* *Middle Initial* *Maiden Name*

CMU ID# 700 \_\_\_\_\_ CMU email: \_\_\_\_\_@mavs.coloradomesa.edu  
*(Required CMU email is used exclusively for contacting applicants)*

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  Yes  No

before? 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**