

Return before Nov. 1 for
earliest consideration.

**WRIGHT STATE UNIVERSITY
CLINICAL LABORATORY SCIENCE
CLINICAL YEAR STUDENT APPLICATION**

Return completed application to: Clinical Laboratory Science, Program Director 235A
Biological Sciences, Wright State University, Dayton, OH 45435

Name (please print) _____ Soc. Sec. No. _____

Permanent Address _____ Phone _____

_____ Email _____

Address _____ Phone _____ Date of

Birth _____ Birthplace _____ Citizenship _____

(month, day, year) Do you have any physical handicaps that would limit your work as a
Clinical Laboratory Scientist? _____ If yes, please explain.

_____ Are you colorblind?

LIST SCHOOLS IN THE ORDER OF THE PRESENT OR MOST RECENTLY ATTENDED COLLEGE FIRST
Please Send Official Transcripts from all Colleges and Universities other than Wright State University.

Name of School Location Degree(s) Date _____

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____ Activities and Honors

EMPLOYMENT EXPERIENCE, FULL TIME, SUMMER OR SEMESTER BREAKS, MILITARY SERVICE Type
of Work Employer Location Date _____ From

_____ To _____ From

_____ To _____ From

_____ To _____

EMPLOYMENT EXPERIENCE DURING SCHOOL YEAR, ON OR OFF CAMPUS, VOLUNTEER, ETC.

| Type of Work | Employer | Location | College Year | Average Hours/Week | | |
|--------------|----------|----------|--------------|--------------------|------|-----------------|
| | | | | 1-5 | 6-10 | 12-18 20-26 30+ |
| | | | 1st | | | |
| | | | 2nd | | | |
| | | | 3rd | | | |
| | | | 4th | | | |

Three Academic/Professional References required. (Faculty advisor N/A for WSU students.) References from family and peers are not accepted.

Biology Professor _____ Phone _____

Address _____

Chemistry Professor _____ Phone _____

Address _____

Faculty Advisor _____ Phone _____

Address _____

Employer _____ Phone _____

Address _____

*** Please explain briefly, on the back of the application, your reasons for choosing this profession.**

Personal Statement:

1 I certify that all statements made by me on this application are true and complete to the best of my knowledge and understand that any falsification will result in cancellation or dismissal.

2 I authorize the investigation of all statements made on this application. I authorize my former and/or current instructors and/or employers to disclose truthful performance-related information that they may have concerning my studies and/or employment with them, and hereby release those instructors and/or employers, their employees, and their agents from any liability arising out of their disclosure of such information.

3 In the event I become a student in the Wright State University Program for Clinical Laboratory Science, I will comply with the rules and regulations set for me by Wright State University as well as the Department of Biology and the Clinical Affiliates of Wright State University.

4 I believe that I am able to meet the Technical Standards as required of the professional Clinical Laboratory Scientist.

5 I hereby acknowledge that I have read and understand the above statements.

Signature of Applicant

Date