

**MEDICAL LABORATORY SCIENCES PROGRAM**

MSC09 5250

1 University of New Mexico  
Albuquerque, NM 87131-0001  
(505) 272-5434

**APPLICATION FOR ADMISSION**

Deadlines for Application: (please mark date applying for)

June 15 for August

October 15 for January

1. Full Legal Name: \_\_\_\_\_  
(last) (first) (middle initial)
2. Social Security Number: \_\_\_\_\_ (UNM Student ID #: \_\_\_\_\_)
3. Current Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
(city) (city)  
\_\_\_\_\_  
(state) (zip code) (state) (zip code)  
Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_
4. Name and address of person to be contacted in case of emergency:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Day Time Telephone Number: \_\_\_\_\_
5. Date of Birth (optional): \_\_\_\_\_
6. Are you a New Mexico resident?  Yes  No
7. Are you a United States citizen?  Yes  No  
If foreign, indicate country: \_\_\_\_\_ If immigrant, give your Alien Registration #:  
\_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Visa type: \_\_\_\_\_
8. Were you ever convicted of a felony? If yes, explain, giving dates:  
 Yes  No

9. Secondary Education:

High School(s)	City / State	Graduation Date

10. List all colleges and universities attended and degree(s) earned. Official transcripts from all institutions listed below must be sent to Medical Laboratory Sciences.

Institutions	City/State	Dates of Attendance		Degree
		From	To	

11. Degree status (check and complete appropriate answer):

I have a baccalaureate degree prior to entering the Medical Laboratory Sciences Program.  
 University granting degree: \_\_\_\_\_

I plan to receive the BSMLS degree after completing the Medical Laboratory Sciences Program.  
 University to award degree: \_\_\_\_\_

12. List courses now in progress and/or planned prior to starting the Medical Laboratory Sciences Program. Specify credit hours and completion dates for these courses.

13. Explain interruptions, if any, in your college education other than vacations.

14. List any honors received while in college.

15. List any extracurricular, community, or avocational activities you participated in while in college. (Supplying this information is optional.)

16. List all employment in the last three years include the following:

Date	Employer	Hours/ Week	Job Title

17. Have you ever performed volunteer work in a hospital or clinical laboratory?

Yes     No

18. Briefly explain why you want to become a medical technologist.

19. Do you plan to attend as a part-time student if accepted into this program?

Yes     No

20. Please list three references (employers and/or professors) who can evaluate your ability and aptitude for this type of career. Complete the top portion of the attached recommendation forms before giving them to the below named individuals.  
 Recommendations are due at Medical Laboratory Sciences by the deadline listed below.

Name	Occupation	Address

**DEADLINE: Application must be received in Med Lab Sciences office by:**  
 June 15 to be considered for August admission  
 October 15 to be considered for January admission

I certify that information on this application is complete and accurate to the best of my knowledge. I agree to abide by the policies and regulations of the University of New Mexico.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To comply with ADA and the Rehabilitation Act of 1973, UNM provides this publication in alternative formats. If you have special needs and require an auxiliary aide or service contact the Med Lab Sciences Program, Health Sciences & Services Bldg., Room #217, (505) 272-5434.