THE CITY UNIVERSITY OF NEW YORK
College Staten Island

Medical Laboratory Science Post Bac Certificate Program

Application for Admission

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: Email:

EMPLID _____

Degree Awarded: _____ **Date conferred:** _____

College/university: _____

Pre-major Foundational courses

Course Number	Course Title	Semester/Year taken	Grade
MTH 123 or higher	College Algebra & Trigonometry		
PHL 130	Introduction to Ethics		
BIO 170	General Biology I		
BIO 171	General Biology I Lab		
BIO 150	Anatomy & Physiology I with Lab		
BIO 160	Anatomy & Physiology II with Lab		
BIO 272	Statistics for the Biological Sciences		
BIO 314	General Microbiology with Lab		
BIO 325	Diagnostic Molecular Biology		
MLS 335 equivalent	Immunology/Serology with Lab		
CHM 141	General Chemistry I		
CHM 121	General Chemistry I Lab		
CHM 142	General Chemistry II		
CHM 127	General Chemistry II Lab		
CHM 250	Organic Chemistry I with Lab		
CHM 240	Analytical Chemistry with Lab		

References

Please list two professional references (college professors). Professors must submit LOR directly to Program

1. _____
2. _____

Work, Professional and Volunteer Experience

Institution/
Company: _____ Title: _____

Address: _____ Supervisor: _____

Responsibilities: _____

months/years From: To:

_____

Institution/
Company: _____ Title: _____

Address: _____ Supervisor: _____

Responsibilities: _____

months/years From: To:

Professional organizations, clubs, honors, awards (optional)

Narrative Statement

Please attach to this application a brief personal statement describing why you are interested in the field of Medical Laboratory Science, including your personal and professional goals. Briefly describe the attributes and qualities which would make you a good candidate for our Program here at the College of Staten Island, and for the field of Medical Laboratory Science.

Disclaimer and Signature

I authorize the Medical Laboratory Science Program to utilize the information from this application (including transcripts, references, etc.) to determine my eligibility for this educational opportunity. I have read the student policies and guidelines, understand their content, and agree to abide by them if accepted into the Program. I attest that the information in this application and the attachments are true.

If this application leads to acceptance, I understand that false or misleading information in my application or application documents may result in my release.

I understand that courses accepted by the College of Staten Island as equivalent to CSI courses are not automatically accepted toward the Medical Laboratory Science (MLS) Program requirements. All prerequisite and transfer coursework must also be reviewed and approved by the MLS Admissions Committee and must meet the program's five-year recency requirement.

I understand that the Clinical affiliates require documentation verifying U.S. citizenship or lawful residency status as a prerequisite for clinical placement.

Signature: _____ Date: _____