

Date Received: _____
Initials: _____

PROGRAM: Clinical Laboratory Technology

DEADLINE DATES:
April 1 for SUMMER Admission
July 1 for FALL Admission

Center for Health and Biological Sciences

Pinson Valley Parkway at
2601 Carson Road
Birmingham, AL 35215-3098

APPLICATION FOR ADMISSION TO DIVISION PROGRAMS

Before being considered for CLT admission, you must complete all College admission requirements (AL 101).

Please carefully complete the application by filling in all blanks and responding to the statements on the back of the application. Print or type your information.

Date: _____ **Circle one: Summer Admission or Fall Admission**

Name: _____

Social Security Number: _____ Date of Birth: _____
Month/Date/Year

Home Address:(Number, Street) _____

_____ City State Zip Code

Home Telephone: _____ Cell Phone: _____

E-mail address: _____

Citizenship: U.S. _____ Other _____

Employer: _____

Employer's Address: _____

Spouse's/Partner's Name: _____ Daytime Phone: _____

Names, Ages of children: _____

Parent's Names, Address, Phone: _____

Person to be notified **in case of emergency**: _____

Address:(Street, City, State, Zip) _____

Home Telephone: _____ Business Telephone: _____

NOTE: Notify the Division Office (856-6034) and Enrollment Services (856-7704) immediately in case of change in your address or phone number.

1. List college(s) in which you are currently enrolled? _____
2. List courses in which you are enrolled: _____
3. List prerequisites courses you will need to take after this semester/term and when you plan to take them, i.e., Fall, 98.

4. If you have had a previous enrollment at Jefferson State before Fall, 1988, please state year(s) of enrollment:

State other name(s) under which you were enrolled:

5. Have you previously applied for admission to this program? (Circle one) Yes No
Date of previous application: _____
Under what name did you apply? _____
6. **OTHER COLLEGES ATTENDED:** List all formal education beyond high school. If all colleges, universities, or schools previously attended are not listed, the student may be subject to dismissal action for falsification of records. Request that all other colleges attended send official transcripts to the Enrollment Services, Jefferson State Community College (see address on front). Official transcripts of all accredited colleges and universities attended must be on file in Enrollment Services by the application due date. Complete a "Request for Transcript Evaluation" and submit to Enrollment Services (AL 101).

DATES ENROLLED FROM / TO	NAMES OF INSTITUTIONS ATTENDED INCLUDING JEFFERSON STATE	CITY AND STATE	MAJOR	CREDENTIALS EARNED (DIPLOMA, CERTIFICATE, DEGREE) NUMBER OF CREDITS
	Jefferson State Community College			

7. State your reasons for selecting a career in Clinical Laboratory Technology:

All Students must provide **proof of hospitalization** and **malpractice insurance** before entering clinical rotations.

Once submitted, this application packet becomes the property of Jefferson State and cannot be returned. If you are applying for a scholarship and a copy of your application is required, it is your responsibility to make copies of your application prior to submitting to Jefferson State.

Jefferson State offers equal opportunity in its employment, admissions, and educational programs and activities in compliance with Title VI and VII of the Civil Rights Act of 1964, as amended, Section 504, of the Rehabilitation Act of 1973, as amended, the Age of Discrimination Act of 1975, as amended, and the Americans with Disabilities Act of 1990.