School of Health Professions and Nursing
Department of Biomedical Sciences
C.W. Post Campus of Long Island University
720 Northern Boulevard
Brookville, New York 11548

B.S. in Biomedical Sciences: Clinical Laboratory Science
Application for Admission

Date of Application:_____

Personal Information

Name: _____
(Last) (First) (Middle)

Home Address: _____
(#) (Street) (Apt. #)

_____
(City) (State) (ZIP code)

Home Telephone: _____
(Area code)

Alternate Telephone: _____
(Area code)

Current School Dormitory Address: (If applicable)

_____

_____

Current School Dormitory Telephone Number:

_____
(Area Code)

Social Security Number: _____

United States Citizen? Yes_____ No_____
If no, what is your visa status? _____

Date of Birth: _____Birthplace: _____

Emergency Contact Information: _____

_____
(Name) (Telephone Number)

Academic Information

1. Elementary School: _____
(Name) (Location) (Year Graduated)

2. High School: _____
(Name)

_____
(Address) (Year Graduated)

3. Colleges: _____
(Name) (Major/Degree/Dates)

_____
(Address)

_____
(Name) (Major/Degree/Dates)

_____
(Address)

A. Have you ever *applied* to any other Clinical Laboratory Science/CLS Program?
Yes_____ No_____ If yes, where? _____

B. Have you *previously applied* to C.W.Post's CLS Program?
Yes_____ No_____

C. Have you ever *attended* a school of CLS/Medical Technology before? Yes_____ No_____
If yes, name of school attended: _____
_____
(Address)
Dates attended: _____Reason for leaving: _____

Current Overall Cumulative G.P.A.: _____

College Liberal Arts Core GPA: _____Basic Science Core GPA_____
Biomedical Science Major Core GPA: _____

Employment Experience

List the employer's name, address, job title, and dates of hire for all employment since high school graduation.
(Use reverse side of page if necessary)

1. _____

   _____

   _____

2. _____

   _____

   _____

3. _____

   _____

   _____

Volunteer Experience

List the name of institution, address, position held and hours for all volunteer experience in any area of medicine.
(Use reverse side of page if necessary)

1. _____

   _____

2. _____

_____

Required Documentation

The following items must be submitted before the application can be processed:

1. **Transcripts:** An official transcript of all college work completed.

2. **Two References**: One from a former employer and one from a former college professor. (Preferably from individuals familiar with medical sciences)

Please return this application and all required documents to

Program Director: Anthony Capetandes, Ph.D., MT (ASCP)
Clinical Laboratory Science Program
Department of Biomedical Sciences
C.W. Post Campus of Long Island University
720 Northern Boulevard
Brookville, New York 11548

Applicant's Signature: _____

Date: _____

Falsification of any statement is grounds for dismissal or disqualification of your application. This institution does not discriminate on the basis of age, sex or national origin.

Date Received in CLS Program's Office: _____