

**Medical Laboratory
Technology (MLT)**

Tarleton State University

**Medical Laboratory Sciences
1501 Enderly Place Fort Worth, TX 76104
(V) 817.926.1101 (F) 817.922.8103**

Application

Application Procedure

1. Complete and Submit the Application:

Deadline for application is:

October 15 for Spring Semester

March 15 for Summer Semester

June 15 for Fall Semester

2. Make Payment and Submit Receipt With Application:

A non-refundable application fee of \$35.00 needs to be included with your application.

Make payment online at

https://epay.tarleton.edu/C20203_ustores/web/classic/store_main.jsp?STOREID=52

Submit the receipt with your application.

3. Request Official Transcripts:

Request official transcripts of your academic records from all institutions of college or university standing which you have attended or are currently attending be sent to:

(Transcripts MUST be in a sealed envelope to be accepted.)

**Tarleton State University
Medical Laboratory Sciences
1501 Enderly Place
Fort Worth, TX 76104**

4. Reference Letters:

Download three (3) Reference Forms for references (preferably instructors) to complete and submit to our office. Reference Forms can be found here:

<https://tarleton.edu/medicallab/forms.html>

PLEASE NOTE:

Your admission file will be INCOMPLETE until all required documents have been received.

A complete file consists of the following:

- Completed Application
- Application Fee (\$35) Receipt
- Transcript (s) from all College(s) and/or University(ies) attended
- Three (3) Reference Letters



MEDICAL LABORATORY TECHNOLOGY APPLICATION

For Office Use Only

Paid \$35 AppFee _____

Date Received

DATE: _____

LAST NAME: _____ FIRST NAME: _____

APPLICATION TERM:

SPRING Year: _____ **SUMMER** Year: _____ **FALL** Year: _____

Are you making application to more than one school? **YES** **NO**

ESSENTIAL FUNCTIONS:

This program requires the ability to discriminate between visual and auditory signals and data, the ability to lift twenty pounds, a great deal of manual dexterity and considerable physical and mental stamina.

Do you have the ability to meet these essential functions? **YES** **NO**

SIGNATURE: _____

COMPLETE ALL SECTIONS

DEGREES HELD OR EXPECTED:

Type Of Degree	Major	Granting University	(Mo/Yr) Of Degree Conferral
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BIOGRAPHICAL INFORMATION:

Social Security Number: _____ Gender: Male Female
Last Name: _____ First Name: _____ MI: _____
Other Names That May Appear on Academic Records: _____
Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone#: _____ Email: _____

ETHNICITY:

White Non-Hispanic Black Non-Hispanic Hispanic
 Asian or Pacific Islander American Indian or Alaskan Native
 Other: _____

Are you a citizen of the United States? **YES** **NO**

Are you a permanent resident of the United States? **YES** **NO**

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____ Phone#: _____
Email Address: _____
Address: _____
City: _____ State: _____ Zip Code: _____

HEALTH INFORMATION:

Condition of Health: _____
Any Physical Defects? YES NO
If yes, describe special accommodations needed: _____

EDUCATION:

Names and addresses of all colleges and universities attended.

	NAME	CITY/STATE	DATES ATTENDED (MO/YR)		#HRS	GPA
			FROM:	TO:		
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

Number of college hours completed to date:

Undergraduate _____ GPA _____ Graduate _____ GPA _____

University currently attending: _____

Dates Attended: From: _____ To: _____

Hours: _____ GPA: _____

Current Classification:

- FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE

TOTAL # HOURS CURRENTLY ENROLLED: _____

List courses currently enrolled in with the number of credit hours for each and the semester.

	COURSE	#HRS	SEMESTER	YEAR
			(Spring, Summer I, Summer II, or Fall)	
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

ACADEMIC REFERENCES:
(3 REQUIRED)

Name: _____ Occupation: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Relationship: _____ Years Known: _____

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Address: _____ City: _____
State: _____ Zip Code: _____
Relationship: _____ Years Known: _____

Name: _____ Occupation: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Relationship: _____ Years Known: _____

WORK HISTORY

Employer Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Position or Duties: _____
Length of Employment: _____

Employer Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Position or Duties: _____
Length of Employment: _____

Employer Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Position or Duties: _____
Length of Employment: _____

Employer Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Position or Duties: _____
Length of Employment: _____

MILITARY SERVICES

Military Service: YES NO Length of Service: From: _____ To: _____
Branch of Service: _____
Describe any special training: _____

SPECIAL INTERESTS

Briefly describe any special interests or hobbies you may have:

COMPOSITION

Below, write three (3) brief paragraphs addressing (1) your reasons for becoming a Medical Laboratory Technician, (2) your perception of what a Medical Laboratory Technician does, and (3) how a career in Laboratory Medicine fits into your lifetime goals.

SIGNATURE: _____ DATE: _____