

## Master of Science in Medical Laboratory Sciences (MS-MLS) Application

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

### Application Procedure

**1. Complete and Submit the Application:**

Deadline for application is: May 1 for Fall Semester

September 1 for Spring 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](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.)

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### **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

Applications WILL NOT BE processed without appropriate non-refundable \$35 application processing fee and transcripts. Admission to Tarleton State University is based upon state academic requirements regardless of race, creed, color, national origin, sex, age, or educational unrelated handicaps. (Rev 9/2012)



**MASTER OF SCIENCE IN  
MEDICAL LABORATORY  
SCIENCE APPLICATION**

For Office Use Only  
Paid \$35 App Fee \_\_\_\_  
Date Received

DATE:

LAST NAME:

FIRST NAME:

**APPLICATION TERM:**

SPRING 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To which MS-MLS Emphasis area are you applying?

MS-MLS Emphasis in Molecular Diagnostics -NON-THESIS TRACK

MS-MLS Emphasis in Molecular Diagnostics - THESIS TRACK

**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:



**CERTIFICATIONS:**

<input type="checkbox"/> MLS OR MT	ASCP#	<input type="text"/>
<input type="checkbox"/> MLT	ASCP#	<input type="text"/>
<input type="checkbox"/> HT or HTL	ASCP#	<input type="text"/>
<input type="checkbox"/> CT	ASCP#	<input type="text"/>
<input type="checkbox"/> OTHER:	<input type="text"/>	ASCP# <input type="text"/>

**ACADEMIC REFERENCES:**

**(3 REQUIRED)**

1. Name:  Occupation:   
Address:  City:   
State:  Zip Code:   
Relationship:  Years Known:

2. Name:  Occupation:   
Address:  City:   
State:  Zip Code:   
Relationship:  Years Known:

3. Name:  Occupation:   
Address:  City:   
State:  Zip Code:   
Relationship:  Years Known:

**WORK HISTORY**

1. Employer Name:

Address:  City:

State:  Zip Code:

Position or Duties:

Length of Employment:

2. Employer Name:

Address:  City:

State:  Zip Code:

Position or Duties:

Length of Employment:

3. Employer Name:

Address:  City:

State:  Zip Code:

Position or Duties:

Length of Employment:

4. Employer Name:

Address:  City:

State:  Zip Code:

Position or Duties:

Length of Employment:

**MILITARY SERVICES**

Military Service:  YES  NO Length of Service: From: Click or tap to enter a date. To: Click or tap to enter a date.

Branch of Service:

Describe any special training:

**SPECIAL INTERESTS**

Briefly describe any special interests or hobbies you may have:

**COMPOSITION**

Below, write two (2) brief paragraphs addressing (1) your reasons for desiring a Master of Science in Medical Laboratory Sciences and (2) how a career in the Medicine Laboratory fits into your lifetime goals. 500 words maximum.



SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_