



Histotechnology (HT) Application

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

Application Procedure

1. Complete and submit the application:

Application Deadlines:

- 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 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 & Public Health
1501 Enderly Place
Fort Worth, TX 76104

4. Reference Letters:

Download the 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
- Clinical Site Information Sheet (online program only)

HISTOTECHNOLOGY (HT) APPLICATION

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

DATE: _____

LAST NAME: _____ FIRST NAME: _____

APPLICATION TERM:

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

Are you submitting an application to more than one school? YES NO

PROGRAM FORMAT:

FACE-TO-FACE PROGRAM ONLINE PROGRAM*

*Admission to the online program requires a completed Clinical Site Information Sheet for an approved clinical site, to be arranged by the prospective student. Information sheets can be found here:

<https://www.tarleton.edu/medicallab/programs/histotechnology-program.html>

ESSENTIAL FUNCTIONS

The HT 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:

Degree	Major	Granting University/College	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 Number: _____ 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 requiring special accommodations? YES NO

If yes, describe special accommodations needed: _____

EDUCATION:

Names and addresses of all colleges and universities attended:

	NAME	CITY/STATE	FROM (DATE)	TO (DATE)	# HRS	GPA
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 NUMBER OF HOURS CURRENTLY ENROLLED: _____

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

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

ACADEMIC REFERNECES

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:

(attach additional pages if necessary)

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

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

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

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

MILITARY SERVICE:

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 have:

COMPOSITION:

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

SIGNATURE: _____ DATE: _____