

**OKLAHOMA SCHOOL OF MEDICAL TECHNOLOGY/CLINICAL LABORATORY SCIENCE**  
**STUDENT APPLICATION**

Application for class beginning: Summer 200\_\_

NAME: \_\_\_\_\_ SS#: (\_\_\_\_) - (\_\_\_\_) - (\_\_\_\_)  
 (Last) (First) (Maiden/Middle)

PRESENT ADDRESS: \_\_\_\_\_ Tele: (\_\_\_\_)  
 (Street/Box #) (City) (State) (Zip)

PERMANENT ADDRESS: \_\_\_\_\_ Tele: (\_\_\_\_)  
 (Street/Box #) (City) (State) (Zip)

CONTACT IN CASE OF ACCIDENT/EMERGENCY: \_\_\_\_\_  
 (Last) (First) (Maiden/Middle)

ADDRESS: \_\_\_\_\_ Tele: (\_\_\_\_)  
 (Street/Box #) (City) (State) (Zip)

E-MAIL ADDRESS: \_\_\_\_\_

DO YOU EXPECT CREDIT FOR CLINICAL EDUCATION TO APPLY TOWARD A DEGREE? ( ) Yes ( ) No

IF YES, NAME OF INSTITUTION GRANTING DEGREE: \_\_\_\_\_

COLLEGES ATTENDED:

<u>Name of College</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Degree Conferred (or hours earned)</u>

TOTAL COLLEGE HOURS COMPLETED: \_\_\_\_\_ OVERALL GRADE POINT AVERAGE: \_\_\_\_\_ MAJOR: \_\_\_\_\_

HONORS & ACTIVITIES AT COLLEGE: \_\_\_\_\_

SCHOLARSHIPS AND/OR GRANTS: \_\_\_\_\_

TECHNICAL OR PROFESSIONAL SCHOOLS ATTENDED: \_\_\_\_\_

HIGH SCHOOL ATTENDED: \_\_\_\_\_  
 (Name) (Address) (Date Graduated)

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE U.S.A? ( ) Yes ( ) No

If so, did your military experience relate to Medical Technology? ( ) Yes ( ) No

EMPLOYMENT RECORD (List current or most recent employment first):

<u>Employing Firm and Address</u>	<u>Job Titles or Duties</u>	<u>Immediate Supervisor</u>	<u>Dates Employed</u>	<u>Reason for Leaving</u>
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REFERENCES \* (one from your advisor and one from a university science professor):

	<u>Name</u>	<u>Address</u>
1.	_____	
	ADVISOR	
2.	_____	
	SCIENCE PROFESSOR	

\* These should be sent directly to the School of Medical Technology by the professors.  
(DO NOT ENCLOSE THEM WITH THIS APPLICATION.)

INTERESTS & HOBBIES:

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IN YOUR OWN HANDWRITING, PLEASE STATE WHY YOU ARE INTERESTED IN MEDICAL TECHNOLOGY AND WHAT YOU PLAN TO DO AFTER COMPLETING YOUR EDUCATION:

I HEREBY DECLARE THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ 200 \_\_\_\_\_

PLEASE ENCLOSE THE FOLLOWING (photocopies acceptable):

1. Completed application (this form)
2. Current college transcript (may be sent by Registrar if photocopies are not available)
3. List of current and/or planned courses