

APPLICATION FOR ADMISSION
OLD DOMINION UNIVERSITY
SCHOOL OF MEDICAL DIAGNOSTIC & TRANSLATIONAL SCIENCES
MEDICAL LABORATORY SCIENCE PROGRAM

Revised 6/19

TYPE OF PRINT PLAINLY IN BLACK INK

(Deadline for the traditional program: February 1st.)

Applicants for degree completion program accepted during fall or spring semester)

Choose the program you are applying for:

Date _____

NAME _____

(Last) (First) (Middle)

UIN _____

PERMANENT ADDRESS _____

MAILING ADDRESS _____

(If different from above)

TELEPHONE NUMBER _____

(Home) (Cell)

EMAIL ADDRESS _____

Please list the names and address of all colleges/universities attended in the space below (including ODU). Submit official transcripts to ODU Admissions. Additionally, please provide unofficial copies of all non-ODU transcripts directly to the MLS Program director via bkraj@odu.edu.

Alternatively, you may mail unofficial transcripts to:

Old Dominion University
College of Health Sciences
Program Director, Medical Laboratory Science, Room 2118
4608 Hampton Blvd.
Norfolk, VA 23529

NAME	ADDRESS	MAJOR	DATES ATTENDED	DEGREE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NAME AND ADDRESS OF ANY CLINICAL EDUCATION PROGRAMS ATTENDED (If applicable)

NAME	ADDRESS	DATES ATTENDED	CERTIFICATION
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LIST ALL CERTIFICATION OR STATE LICENSES:

WORK EXPERIENCE: (List most recent first)-include volunteer work

EMPLOYER	ADDRESS	JOB TITLE/DUTIES	DATES EMPLOYED From/To
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REFERENCES (At least two must be from post-secondary academic sources):

WRITE A BRIEF STATEMENT OF YOUR FUTURE GOALS (Attach additional sheets if necessary)

I hereby apply for admission to the School of Medical Diagnostic & Translational Sciences in the discipline indicated at Old Dominion University. I understand that if accepted, I must comply and familiarize myself with all rules and regulation of the program. I hereby attest to the truth and completeness of all statements made by me on this application form. I understand that I may be disqualified from consideration or acceptance into the program in the event that any of the above statements made by me on this application are false.

I understand that I must have a minimum of 2.0 GPA overall and a grade of "C" or above in all prerequisite biology and chemistry courses and have submitted an application to Old Dominion University prior to submitting this application.

DATE OF APPLICATION TO OLD DOMINION UNIVERSITY _____

APPLICATION AND ALL APPLICATION MATERIALS MUST BE RECEIVED BY FEBRUARY 1ST (of the year Junior courses are to begin)

SIGNATURE _____

DATE _____