

MEDICAL LABORATORY SCIENCE PROGRAM
 EASTERN MAINE MEDICAL CENTER
 489 STATE STREET
 BANGOR, MAINE 04401
APPLICATION FOR ADMISSION

DATE:			
NAME:			
LAST	FIRST	MIDDLE	
ADDRESS:			
STREET	CITY	STATE	ZIP CODE
TELEPHONE NUMBER:			

EMAIL ADDRESS:	
U.S. CITIZEN:	
PERMANENT ADDRESS:	
PARENT/ GUARDIAN:	TELEPHONE:
	TELEPHONE:

PERSON TO NOTIFY IN EMERGENCY:

NAME:	RELATIONSHIP:
ADDRESS:	
TELEPHONE:	

(IF UNDERGRADUATE)

ACADEMIC ADVISOR:
ADDRESS:

IT IS THE POLICY OF EASTERN MAINE MEDICAL CENTER NOT TO DISCRIMINATE AGAINST ANY PERSON ON THE BASIS OF RACE, COLOR, RELIGION, AGE, HANDICAP, SEX, SEXUAL ORIENTATION OR NATIONAL ORIGIN.

EDUCATION BACKGROUND: Include secondary and post secondary schools attended or presently attending.

NAME/ ADDRESS				
DATE OF ENTERING/ LEAVING				
COURSE OF STUDY				
DIPLOMA/ DEGREE				

PLEASE SUBMIT AN **OFFICIAL** COPY OF YOU COLLEGE TRANSCRIPTS WITH THIS APPLICATION FORM.

Four Recommendations Provided By: At least two Academic recommendations are required. Preferred sources – Academic Advisor, College Professor in Sciences, Current or Former Employer, Personal (member of the community held in high standing who has knowledge of the applicant)

NAME

ADDRESS

1.	
2.	
3.	
4.	

MAIL THIS APPLICATION FORM, TRANSCRIPT COPY AND NON-REFUNDABLE APPLICATION FEE OF \$30.00 MADE PAYABLE TO EMMC SCHOOL OF MEDICAL LABORATORY SCIENCE:

Program Director
 Medical Laboratory Science Program
 Eastern Maine Medical Center
 489 State Street
 BANGOR, MAINE 04401

APPLICATION DEADLINE - DECEMBER 1

SIGNATURE: _____

AS A CANDIDATE FOR ACCEPTANCE IN OUR PROGRAM,
YOUR PROFESSIONAL GOALS ARE IMPORTANT TO US, PLEASE WRITE A
COMMENTARY ON YOUR REASONS FOR PURSUING A DEGREE IN
MEDICAL LABORATORY SCIENCE, YOUR EXPECTATIONS AND YOUR
GOALS: (a separate sheet(s) is acceptable.)