

**MISSOURI WESTERN STATE UNIVERSITY  
MEDICAL LABORATORY SCIENCE TRAINING PROGRAM  
APPLICATION**

Missouri Western offers a Medical Laboratory Science program in partnership with the University of Nebraska Medical Center and Heartland Regional Medical Center in St. Joseph, MO. Students eligible to apply for the fourth clinical year of Medical Laboratory Science training may apply for their clinical training according to the requirements listed below. All materials must be submitted, and if students meet the minimum criteria for acceptance into UNMC's clinical training program may be invited for a personal interview

Minimum Requirements Include:

- Submit completed application by August 1.
- Cumulative GPA of 2.5 or higher
- A GPA of 2.5 or higher in the last 20 hours of biology and chemistry courses.

You will be asked to provide information in the following areas either on the application form itself, or attached as additional documentation.

a. **Basic Personal Demographics** (name, address, etc.)

b. **Citizenship & Residency Information**

c. **Education History** – Please enter the names of each college or university you have attended, including the name of the high school from which you graduated. Please include an official college transcript from your current institution. You will be asked to provide your current cumulative grade point average (GPA) and GPA for science and math courses taken up to the time you apply to this program.

d. **Test Scores** – You will need to submit a copy of your score reports for these exams in your hard packet. **Please note:** all applications from foreign students must include evidence of passing the Test of English as Foreign Language (TOEFL).

e. **Letters of Recommendation** – Please indicate the names and email addresses of your references in the indicated spaces provided

f. **Personal Narrative** – Attach two separate statements on the following topics: a) Explain your motivation for pursuing a career in medical technology and clinical laboratory science, and why you feel you are well suited for this area. b) Describe what you feel are best AND worst personal characteristics or traits, and how you have learned from your understanding of your own strengths and weaknesses.

g. **Personal Resume** – The resume should include the following information:

Name/Address/Telephone Number  
Career Objective  
Education  
Work Experience (include all relevant work experience, both paid and unpaid)  
Honors/Scholarships  
Activities/Organizations  
Skills/Interests

h. **Unofficial Transcripts**

**ALL application materials by are due by August 1.**

**Submit application materials to**

**Dr. Natalie Mikita**

**or E-mail completed materials to [nmikita@missouriwestern.edu](mailto:nmikita@missouriwestern.edu)**

**Department of Chemistry**

**Re: Medical Lab Science Clinical Training Program**

**Missouri Western State University**

**4525 Downs Drive**

**St. Joseph, MO 64506**

**MISSOURI WESTERN STATE UNIVERSITY  
MEDICAL LABORATORY SCIENCE TRAINING PROGRAM APPLICATION**

Application Date:		Application for class beginning summer:	
<b>Name:</b> (Last)	(First)	(M)	(SSN )
Do you have educational materials under another name? yes___ no___		If so, please indicate name:	
<b>Preferred mailing Address</b>			
(street)	(city)	(state)	(zip)
<b>Permanent Mailing Address</b>			
(street)	(city)	(state)	(zip)
<b>Telephone (Home):</b>		<b>(Cell):</b>	
<b>Preferred E-mail Address:</b>			
<b>NON-US CITIZEN: Please complete the following</b>			
Last Visa Classification:			
Permanent Residents: Please list Alien Card Number (Form I-151)			
Are you a Missouri State resident? If no, what state do you claim residency?			

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**EDUCATIONAL INSTITUTIONS ATTENDED**

**List all undergraduate Colleges Attended (list in chronological order starting with the most recent)**

Name of Institution	City/State	Dates of Attendance	Hours Earned or Degree
		to	
		to	
		to	
		to	
		to	

**List all Graduate or Professional Schools Attended**

Name of Institution	City/State	Dates of Attendance	Hours Earned or Degree
		to	
		to	
		to	

## GRADE POINT AVERAGE

Provide an official transcript from the institution where you will receive or have received your bachelor's degree.

Cumulative GPA: \_\_\_\_\_/4.0 scale

Science/Math GPA: \_\_\_\_\_/4.0 scale

Last 20 hours of Biology and Chemistry Courses GPA : \_\_\_\_\_/4.0 Scale

ACT scores: Composite ACT score \_\_\_\_\_ MAT ACT subscore \_\_\_\_\_

TOEFL score (non-US citizens only) \_\_\_\_\_

## HONORS & AWARDS

Academic Awards (high schools & college): \_\_\_\_\_

\_\_\_\_\_

Other Awards: \_\_\_\_\_

\_\_\_\_\_

## Extracurricular Activities

List any organizations or extracurricular activities you have participated in significantly: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Professional Experiences

List any work experience related to medical lab sciences:

Nature of Work	Location	Dates	Total Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Volunteer Experience

List any significant volunteer (unpaid) work you have participated in.

Nature of Work	Location	Dates	Total Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List all courses taken to date (completed) previous to this application to the MWSU Medical Laboratory Science Clinical Training Program** (If you need additional space use the additional form attached at the end of this document.)

[illegible]

## WORK IN PROGRESS

Instructions: List all courses currently in progress and those which you plan to complete prior to your enrollment in MWSU MLS Program.

1. CURRENT SEMESTER (Check one)

- ☐ Fall
- ☐ Winter
- ☐ Spring
- ☐ Summer

1. FUTURE SEMESTER (Check one)

- ☐ Fall
- ☐ Winter
- ☐ Spring
- ☐ Summer

Name of Institution: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

[illegible]

### Personal Statements

In the space provided, please provide a personal statement on the prompts provided. Additional comments may be made on a separate page if necessary or attached as a separate document.

**Motivation to the Profession:** Explain your motivation for pursuing a career in medical laboratory science, and why you feel you are well suited for this area.

**Personal Attributes:** Describe what you feel are your best AND worst personal characteristics or traits, and how you have learned from your understanding of your own strengths and weaknesses.

## RECOMMENDATIONS

**Three Medical Laboratory Science Clinical Training Program Personal Recommendation forms are required to complete an application for admission consideration.** Please list the names and addresses of the individuals who will provide your required letters of recommendation. At least two should be from academic instructors; one reference may be from an employer. **Your file will not be complete, nor can you be considered for admission unless the required recommendations are received by the application deadline.**

### RECOMMENDATION I

(First)	(Last)	(Degree)
(Employer)	(Title)	
(City)	(State)	(Zip)
(Telephone)		

### RECOMMENDATION II

(First)	(Last)	(Degree)
(Employer)	(Title)	
(City)	(State)	(Zip)
(Telephone)		

### RECOMMENDATION III

(First)	(Last)	(Degree)
(Employer)	(Title)	
(City)	(State)	(Zip)
(Telephone)		

**APPLICANT:** Under the Federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater use in the assessment of a student's qualifications, abilities, and promise.

I \_\_\_do \_\_\_do not waive my right to review the content of my letters of recommendation.

Applicant Signature:\_\_\_\_\_ Date \_\_\_\_\_

**Essential Requirements:** I have read and understand the essential requirements outlined in the MLSTP application packet. I agree that I am able to perform to the level of these standards for all aspects of the MLSTP with or without reasonable accommodations.

Applicant Signature\_\_\_\_\_ Date\_\_\_\_\_

I certify that all the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I know and understand that any or all items contained herein may be subject to verification and I consent to the full release of all information concerning my capacity and fitness for the educational program by employers, educational institutions and other agencies. Furthermore, by submitting this application I agree to abide by the policies and procedures established in the University catalog. A copy of which is available through the Admissions Office.

Applicant Signature\_\_\_\_\_ Date\_\_\_\_\_

**Listing of completed course work:**[illegible]