



## Application for Admission Medical Laboratory Science Program

**Send To:**

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Auburn Montgomery  
Medical Laboratory Science Program  
PO Box 244023  
Montgomery, AL 36124  
[kdugan@aum.edu](mailto:kdugan@aum.edu)

### I. Personal Data

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Last Name	First Name	Middle Initial
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Social Security Number/Student Number
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Home Address	City	State	Zip
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Home Phone	Cell Phone
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Email Address
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Temporary Address (If applicable)
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### II. Education Record

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College/University	Address	Dates Attended	Degree(s)
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College/University	Address	Dates Attended	Degree(s)
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Courses in progress or planned to complete prior to entering Program
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Applicants Signature	Date
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**III. Please give handwritten responses to the questions on this page.**

- 1. Why have you chosen Clinical Laboratory Science as your career field?**
- 2. What qualities or characteristics do you possess that would help insure your success as a Clinical Laboratory Scientist?**
- 3. What do you consider the role of the Clinical Laboratory Scientist to be in Healthcare?**

## IV. Employment Experience

Begin with most recent employer.

1. Employer		Dates Employed		Work Performed
		From	To	
Address:				
Phone Number:		Hours Worked Per Week		
Job Title:	Supervisor:			
2. Employer		Dates Employed		Work Performed
		From	To	
Address:				
Phone Number:		Hours Worked Per Week		
Job Title:	Supervisor:			
3. Employer		Dates Employed		Work Performed
		From	To	
Address:				
Phone Number:		Hours Worked Per Week		
Job Title:	Supervisor:			
<p><b>Other Qualifications:</b> Summarize special job-related skills and qualifications acquired from employment or other experience that may be a benefit in preparation for the clinical portion of the professional year.</p>				

## **V. Qualifications for applicants:**

- 1.Candidates for admission should complete ALL pre-professional requirements prior to beginning the Fall Semester of the Junior year.
- 2.Candidates must be enrolled as full-time students at AUM.
- 3.Candidates must have a cumulative GPA of 2.0 or higher on a 4-point scale and a minimum grade of “C” in each science and math course required.

Applications will be accepted beginning March 1<sup>st</sup> through June 15<sup>th</sup> for the class beginning **Fall 2025**. Applicants meeting all program requirements will be contacted to schedule a personal interview.

In all aspects of the AUM MLS Program, discrimination on the basis of race, color, sex, age, national origin, religion, disability, or veteran status is strictly prohibited.

## SIGNATURE PAGE

I, \_\_\_\_\_, desire to apply for admission to the professional  
(Print Name)  
phase of the AUM MLS Program beginning **Fall Semester 2025**, and ending **Summer Semester 2027**.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

I, \_\_\_\_\_, have read the *Student Handbook* (Version 28, March 2025)  
(Print Name)  
and I fully understand the policies for progression and completion of this program and feel I can competently meet  
the program's minimum essential functions (page 19) as indicated by my signature below.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## ALTERNATE STATUS CONTRACT

I understand that if the enrollment in the MLS Program exceeds the number that can be accommodated by the  
clinical affiliates, I may be assigned to an alternate status. If this happens, I would expect to be placed at a clinical  
affiliate based on my cumulative GPA as soon as positions become available. (Page 18)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## LABORATORY SAFETY

I have read the section beginning page 32 in the *Student Handbook* (Version 28, March 2025) on Laboratory Safety  
thoroughly and understand and agree to abide with all aspects of laboratory safety described in this handbook. I  
understand that failure to abide by these safety guidelines may result in denied access to MLS laboratories and/or  
immediate dismissal from the program.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

I, \_\_\_\_\_, agree to purchase malpractice insurance coverage for my clinical  
(Print Name)  
experience training at the level specified in the *Student Handbook* (Version 28, March 2025). I also agree to carry  
health insurance coverage during my clinical experience and provide evidence of health insurance coverage to the  
AUM Department Head/Program Director and to my assigned clinical facility (page 35).

\_\_\_\_\_  
(Signature)