MEDICAL & CLINICAL LABORATORY SCIENCES

Application for Admission
Medical Laboratory Science Program

Send To:
Kathryn Dugan, MLS(ASCP)
Auburn Montgomery
Medical Laboratory Science Program
PO Box 244023
Montgomery, AL 36124
kdugan@aum.edu

I. Personal Data

Last Name **First Name** **Middle Initial**

Student Number

Home Address **City** **State** **Zip**

Home Phone **Cell Phone**

Email Address

Temporary Address (If applicable)

II. Education Record

College/University **Address** **Dates Attended** **Degree(s)**

College/University **Address** **Dates Attended** **Degree(s)**

Courses in progress or planned to complete prior to entering Program

Applicants Signature **Date**

III. Please give complete written 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:**			

Other Qualifications: 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.

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 1st through June 15th for the class beginning **Fall 2026.** 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 2026**, and ending **Summer Semester 2028.**

_____ _____
(Signature) (Date)

I, _____, have read the *Student Handbook* (Version 29, March 2026)
(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 29, March 2026) 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 29, March 2026). 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) (Date)