



OSF[®] HEALTHCARE

SAINT FRANCIS MEDICAL CENTER SCHOOL OF MEDICAL LABORATORY SCIENCE APPLICATION FOR ADMISSION

Please type or print legibly.

PERSONAL

| | | | |
|---------------------------|--|-------------|-------------------------------|
| Last Name | First Name | Middle Name | Social Security No. |
| School Mailing Address | City | State Zip | E-mail Address: |
| Permanent Mailing Address | City | State Zip | Permanent Phone No. () |
| Country of Citizenship | Non-U.S. Citizen, Give Visa Type & INS No. | | State of Legal Residence |

List ALL Junior Colleges and Universities attended - most recent first.

EDUCATION

| SCHOOL | CITY | STATE | MAJOR AREA OF STUDY | DATES ATTENDED | HR./DEGREE COMPLETED |
|-------------|------|-------|---------------------|----------------|----------------------|
| | | | | To | |
| | | | | To | |
| | | | | To | |
| | | | | To | |
| High School | | | | To | |

CURRENT EDUCATION

| COURSES IN PROGRESS (Fall) | | | COURSES PLANNED (Winter/Spring) | | |
|----------------------------|-------|-----------|---------------------------------|-------|-----------|
| Course No. | Title | Sem. Hrs. | Course No. | Title | Sem. Hrs. |
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Please list all paid and voluntary experience(s) you have been involved in for the last 3-5 years. List each job title and identify responsibilities for each. Begin with the most recent.

| NAME, ADDRESS & PHONE NUMBER OF EMPLOYER | FROM | TO | IMMEDIATE SUPERVISOR | HOURS PER WEEK |
|--|------|----|----------------------|----------------|
| | | | | |
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| | |
|---|-------------------|
| Paid or voluntary experience (circle one) | |
| JOB TITLE(s): | RESPONSIBILITIES: |
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| | |

| NAME, ADDRESS & PHONE NUMBER OF EMPLOYER | FROM | TO | IMMEDIATE SUPERVISOR | HOURS PER WEEK |
|--|------|----|----------------------|----------------|
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|---|-------------------|
| Paid or voluntary experience (circle one) | |
| JOB TITLE(s): | RESPONSIBILITIES: |
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| NAME, ADDRESS & PHONE NUMBER OF EMPLOYER | FROM | TO | IMMEDIATE SUPERVISOR | HOURS PER WEEK |
|--|------|----|----------------------|----------------|
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|---|-------------------|
| Paid or voluntary experience (circle one) | |
| JOB TITLE(s): | RESPONSIBILITIES: |
| | |
| | |

| NAME, ADDRESS & PHONE NUMBER OF EMPLOYER | FROM | TO | IMMEDIATE SUPERVISOR | HOURS PER WEEK |
|--|------|----|----------------------|----------------|
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|---|-------------------|
| Paid or voluntary experience (circle one) | |
| JOB TITLE(s): | RESPONSIBILITIES: |
| | |
| | |

WORK EXPERIENCES

Please list the names of the individuals who will complete Reference Forms.

BIOLOGY DEPT. REFERENCE

Name & Title _____

Address & Phone No. _____

CHEMISTRY DEPT. REFERENCE

Name & Title _____

Address & Phone No. _____

ADVISOR/INSTRUCTOR REFERENCE

Name & Title _____

Address & Phone No. _____

College Awards, Honors, Honorary Society Memberships; Year(s) Awarded

College Scholarships; Year(s) Awarded

College Organizations, Activities; Date(s) Involved

Professional Society Memberships; Date(s) Involved

Community Service Organizations; Date(s) Involved

Personal Recreation Activities

REFERENCES

EXTRA-CURRICULAR ACTIVITIES

Please write a brief statement telling how you became aware of/or selected medical technology as a professional career your opinion of the most and least attractive aspects of his career choice and your projected career goals. (Please type or write legibly.)

I understand that if I make false statements, misrepresentations or omissions on this application or during the admission process, I may be refused admission or, if admitted, I may be dismissed regardless of when discovered. In consideration of my admission, I agree to conform to the rules, regulations and philosophy and values of OSF HealthCare. I understand this application is not intended as a contract for admission. I understand that after acceptance into the program and before the first day of class, I will be required to complete a medical examination which may include a drug screen and a criminal background check. I understand this application and any information gathered during the admission process may be shared with any OSF HealthCare entity.

I grant permission for OSF HealthCare to verify my employment and academic history, and release them from any liability resulting from such investigation. I grant permission for my past employers and college/university to supply any information they have concerning me, my work or my studies during my association with them, and release them from all liability in connection therewith.

Applicant Signature

Date