



FOR THOSE WITH A PASSION TO GET AHEAD

Date Received: \_\_\_\_\_

Clinical Laboratory Science Program

**APPLICATION FOR CLS PROGRAM FINAL INTERNSHIP YEAR**

**Application Deadline March 31<sup>st</sup>.**

PLEASE PRINT CLEARLY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ CWID: \_\_\_\_\_ PACT Mentor \_\_\_\_\_

Please indicate courses you are currently taking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any courses you are taking this summer semester, if yes, please list them below

\_\_\_\_\_  
\_\_\_\_\_

What is your Overall GPA: \_\_\_\_\_ Major GPA: \_\_\_\_\_

Print the name, organization, address and telephone number of the individual from whom you will be requesting a reference. Please make sure the recommender uses the Recommendation form found on the CLS webpage.

Name of recommender: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Acceptance is provisional on successful completion of remaining prerequisite courses with a major GPA of 2.5 or higher and a grade of C or better in all prerequisite courses