

Eastern Kentucky University
College of Health Science
Department of Medical Laboratory Science

**APPLICATION FOR ADMISSION INTO
THE UPPER DIVISION CLASSES FOR THE
MEDICAL LABORATORY SCIENCE (MLS) PROGRAM**

Applicant _____ EKU Student ID _____

Return to: John Wesley
MLS Department
521 Lancaster Avenue
Dizney 220
Richmond, KY 40475-3102

1. I hereby request that my records be submitted for admission to the Upper Division phase of the MLS program, for entry into the MLS courses in:

_____ (semester)

_____ (year)

2. If I have not met previously with an MLS Advisor, I will arrange an appointment to ask any questions I may have about the program. At this meeting my general education and supporting courses will be reviewed and a tentative schedule toward graduation will be planned. This appointment should be arranged within one week after I have submitted this application.

If I have met with my MLS Advisor, then I will need to just submit the application.

Signed _____ Date _____

Current Address:

_____ (street)

_____ (city, state, zip)

Email Address: _____

Contact Phone #: _____

(All students must have applied to EKU and submitted all transcripts to the Admissions Office)