Marshall University MLT or MLS Application Form

Name:		
Last	First	Middle Initial
Mailing Address:		
Email address (all corre	espondence for admission sent through	this format):
Program applying to:		
Medical Laboratory	Technology (MLT)	
Online Medical Labo	pratory Science (MLS) [Must already be an	MLT from a NAACLS accredited program]
Term/Year applying for	<u>.</u>	
August/Fall Year:	(only option for MLT applicants)	
January/Spring Year:		
Summer Year:		
Marshall Student Numb	per (901 or 903 if already a Marshall stud	lent):
MLT Applicant checklis	st (please check boxes of all required ite	ms/tasks included with this application):
Two Letters of Refer	rence (non-family members)	
All sealed transcript	ts from other institutions transferred/sent to	Marshall University Admissions
Applied for general a	admission to Marshall University if not alrea	ady a Marshall student
Online MLS Applicant of application):	checklist (please check off all required it	tems/tasks included with this
All sealed transcripts	s from other institutions transferred/sent to	Marshall University Admissions
Applied for general a	admission to Marshall University if not alrea	ady a Marshall student
Submission of at least tw	vo of any of the following documents:	
Proof of MLT (ASCP) certification	
Copy of transcript wi	ith MLT degree conferred, including date, fr	rom NAACLS accredited program
Copy of official diplo	ma for MLT degree from NAACLS accredit	ed program
Letter from Program	Director of NAACLS accredited MLT progr	ram stating successful completion
Copy of document s giving eligibility for MLT (howing successful completion of a clinical l (ASCP) certification	aboratory program through the military