



Application for Histotechnology Program

Personal Information:

Last name _____ First name _____ Middle name _____

U.S. social security number _____

U.S. state of legal residence _____

Citizenship, if not US: _____

Reg. no. if permanent resident _____

Birthdate mm/dd/yyyy _____

Birthplace city/country _____

Male Female

Current mailing address, valid until mm/dd/yyyy: _____

Home _____

Telephone: _____

E-mail: _____

Permanent Address (if different from current address): _____

Telephone: _____

Educational History:

List in chronological order all colleges, graduate and professional schools attended. If studies are not complete, indicate degree and date expected.

INSTITUTION 1:

Location *city*:

state/zip:

Entrance date *month/year*:

Leaving date *month/year*:

Degree received or expected:

Grade point average:

Field of study/degree:

INSTITUTION 2:

Location *city*:

state/zip:

Entrance date *month/year*:

Leaving date *month/year*:

Degree received or expected:

Grade point average:

Field of study/degree:

INSTITUTION 3:

Location *city*:

state/zip:

Entrance date *month/year*:

Leaving date *month/year*:

Degree received or expected:

Grade point average:

Field of study/degree:

If applicable, list courses which you are currently taking or expect to complete during this year.

Academic or professional honors or awards. Please list and give dates

List all work experience, beginning with the most recent, including full-time and part-time on an attached sheet.

You may include this on your resume or CV.

Provide the following:

From *month/year* To *month/year*

Position Supervisor

Employer and Full Address

Please provide names, complete addresses, and phone numbers of THREE academic or professional persons from whom you have requested a recommendation.

Name
Address
Phone:

Name
Address
Phone:

Name
Address
Phone:

Please answer the following questions, sign this statement, and return it to the MUSC Histotechnology Program office.

Have you ever been expelled, suspended, placed on probation, or been subject to any other disciplinary action at any secondary school or college you have attended?

Yes No

Have you ever been convicted of a criminal offense other than a minor traffic violation, or been declared delinquent by a juvenile court, or are there such charges currently pending against you at this time?

Yes No

If you answered yes to either of these questions, please submit a statement of explanation along with this form.

I certify that all of the above information I have provided is true and complete.
I understand that misrepresentation may be a cause for canceling my admission.

Signature _____

Date _____

Submit to: Histotechnology Program Director
Laboratory Services
Medical University of South Carolina Medical Center
165 Ashley Avenue
P.O. Box 250908
Charleston, SC 29425