

## Application for:

# **B.S., Clinical Laboratory Science Professional Phase (Major) Dual B.S. in Biology (General) & Clinical Laboratory Science (CLSC Phase) Clinical Laboratory Science Minors (Certification Eligible)**

EAST CAROLINA UNIVERSITY • COLLEGE OF ALLIED HEALTH SCIENCES

Greenville, NC 27858-4353

252-744-6064 Clinical Laboratory Science Department

252-744-6018 fax

[www.ecu.edu/clsc](http://www.ecu.edu/clsc)

[bambergw@ecu.edu](mailto:bambergw@ecu.edu)

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## **ADMISSION PROCEDURE AND REQUIREMENTS** Please print this document.

### **Students wishing to apply for admission to the professional program for August (Fall semester):**

- A. Students must be able to complete all of the following science pre-requisites prior to the Fall Semester.

Biology - BIOL 1100, 1101

Principles of Human Anatomy & Physiology - BIOL 2130  
(may substitute BIOL 2140, 2141, 2150, 2151 is also pre-PA)

Microbiology - BIOL 2110, 2111 or 3220, 3221

General Chemistry - CHEM 1150, 1151, 1160, 1161

Quantitative & Instrumental Analysis - CHEM 2250, 2251

**OR** Biological Chemistry - CHEM 2770, 2771\*

Organic Chemistry - CHEM 2650, 2651\*

Statistics – PSYC 2101 (BIOS 1500, Math 2228 or MATH 2283 may be substituted)

\* The Organic Chemistry I & II sequence may be substituted - CHEM 2750, 2753, 2760, 2763.

- B. Students must have a 2.0 science average as well as an overall 2.0 GPA to be eligible for admission.
- C. Students who have completed all of their academic preparation seven or more years before admission must update their science pre-requisites by completing a course in Biochemistry or its equivalent with a grade of "C" or better.
- D. It is desirable, but not required that all General Education requirements be completed prior to entry into the professional phase. Students should consult the ECU Undergraduate Catalog for these courses.

**All application materials MUST be received on or before February 1. (Additional applicants will be considered after this date if class is not full.) A completed application includes the following:**

- A. Department of Clinical Lab Science application form.
- B. One letter of recommendation from a science professor (Chemistry or Biology). (May use standardized form.)

- C. A written statement describing your concept of the profession of Clinical Laboratory Science.
- D. If not currently enrolled at ECU, transcripts of grades for all courses taken at institutions other than ECU.

### **Admission will be on a competitive basis. Applicants will be evaluated based on the following criteria:**

- A. Grade point average in science courses.
- B. Interview. The interview will be conducted by at least 2 faculty members in the Department. Students will be questioned on their knowledge and perception of the profession, and their own professional goals within the profession. Interviewers will attempt to ascertain the extent of student's motivation and interest in the profession as well as maturity and sense of responsibility. Interviews will be scheduled during February and early March. You will receive a letter indicating the day and time of your scheduled interview. If the scheduled day and time is inconvenient, we will be happy to reschedule at a mutually convenient time.
- C. Schools attended / residence. Preference will be given to ECU students / in-state residents.
- D. Previous laboratory experience, if any.
- E. Letters of Recommendation

### **Students will be notified by mail prior to pre-registration for Fall Semester.**

## **CLINICAL LABORATORY SCIENCE MINORS**

For students applying to pursue the Clinical Microbiology, Clinical Chemistry and Hematology, or Hematology and Immunohematology minor, use the admission process/requirements as described above. For the required prerequisite courses for the specific minor selected, please go to [www.ecu.edu/clsc](http://www.ecu.edu/clsc) and click on Clinical Laboratory Science Minors.

**Please mail application materials to: College of Allied Health Sciences,  
Department of Clinical Laboratory Science, Health Sciences Building 3410, Mail Stop 668  
East Carolina University, Greenville, NC 27858-4353**



**APPLICATION FOR ADMISSION TO THE PROFESSIONAL PROGRAM OR A CLSC MINOR**  
 Department of Clinical Laboratory Science  
 EAST CAROLINA UNIVERSITY • COLLEGE OF ALLIED HEALTH SCIENCES

**PERSONAL INFORMATION**

**ECU ID Number** \_\_\_\_\_ **Year you wish to be admitted** \_\_\_\_\_

Full Legal Name \_\_\_\_\_  
Last Name First Name Middle Name

Current Mailing Address \_\_\_\_\_  
Street City State Zip

Current Until \_\_\_\_\_ Phone No. (location where you can be contacted) ( \_\_\_\_\_ )

Permanent Address \_\_\_\_\_  
Street City State Zip

Permanent Phone Number ( \_\_\_\_\_ ) E-mail Address \_\_\_\_\_

North Carolina Resident?  Yes  No NC County of Legal Residence \_\_\_\_\_

U.S. Citizen?  Yes  No If No, give country of citizenship: \_\_\_\_\_

\*Optional. Requested for purposes of statistical information only. The department will not use it in the admission process or the admission decision. It will be used only for nondiscriminatory purposes such as determining whether the university is succeeding in its efforts to develop a university culture based on respect for human diversity.

\* Male  Female

\* Ethnic Origin:  White, not Hispanic  Black, not Hispanic  Hispanic  American Indian or Alaska Native  Asian or Pacific Islander  Other  
 (may check all that apply)

**EDUCATION INFORMATION**

Please complete the following for all universities (other than ECU), colleges, technical schools, or other post-high school educational programs you have attended. (An official transcript of any science grades must be sent with this application or prior to the application deadline.) If additional space is needed, please continue on a separate page.

Name of School	City	State	Dates of Attendance		Diploma/Degree or Semester Hrs.
			Mo./Yr.	Mo./Yr.	

**LAB OR HEALTH CARE WORK EXPERIENCE**

Type	Employer	Position Held / Dates

**I AM APPLYING TO: (Check only one) \***

- \_\_\_\_\_ **Clinical Laboratory Science Major professional phase**
- \_\_\_\_\_ **Dual Degree in Biology and Clinical Laboratory Science (CLSC Phase)**
- \_\_\_\_\_ **Clinical Microbiology Minor**
- \_\_\_\_\_ **Clinical Chemistry and Hematology Minor**
- \_\_\_\_\_ **Hematology and Immunohematology (Blood Bank) Minor**

\* Note: Students applying for a minor are admitted on a space available basis after the major professional phase students.

*(continued on next page)*

\*\*\*\*WRITTEN STATEMENT\*\*\*\*

On a separate sheet, please describe your concept of the profession of Clinical Laboratory Science.

For MLTs ONLY

If you are an MLT/CLT, please check here  What MLT program did you graduate from? \_\_\_\_\_

How long have you worked as a MLT/CLT? \_\_\_\_\_ years + \_\_\_\_\_ months

In what areas of the clinical lab have you worked? \_\_\_\_\_

Where do you currently work? \_\_\_\_\_

Do you plan to take the CLSC courses  full-time  part-time

Do you have ASCP or NCA certification?  yes  no

I understand that the College of Allied Health Sciences cannot make any decision regarding my application until this application and other supporting material have been received. If I have courses in progress during the spring semester, I understand that if I am accepted into the program that the acceptance is conditional upon satisfactory completion of these courses.

I understand that the College of Allied Health will rely upon the information submitted herein to determine my status for admission and residency eligibility. I certify that the information in this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

*If there are circumstances that may have an influence on your admission, which you would like for those reviewing your application to know about, please describe on a separate sheet and attach.*

X \_\_\_\_\_  
Signature of Applicant Date

All application materials must be returned to the College of Allied Health Sciences postmarked no later than **February 1**.  
College of Allied Health Sciences Dept. of Clinical Laboratory Science, Health Sciences Building 3410, East Carolina  
University, Greenville, NC 27858





**East Carolina University**  
**Department of Clinical Laboratory Science**  
**College of Allied Health Sciences**  
**REQUEST FOR RECOMMENDATION**

**APPLICANT'S SECTION**

*The applicant is responsible for informing the reference that this form should be completed in its entirety and returned to the applicant in a sealed envelope with the reference's signature across the seal. It is also the applicant's responsibility to inform the reference that this form should be expeditiously returned to meet program decision dates.*

Applicant's Name \_\_\_\_\_ ECU ID Number \_\_\_\_\_

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA), you have the right to see recommendations for admission. Please check the appropriate box and sign below.

**I hereby waive my right to examine this reference material.**     Yes                       No

I understand that these statements will only be used by the Department of Clinical Laboratory Science in decisions regarding admissions.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**REFERENCE'S SECTION**

You have been asked to evaluate the following individual as an applicant for admission into the Clinical Laboratory Science professional program. **Please complete this form in its entirety and return to the applicant in a sealed envelope with your signature across the seal.**

- In what relationship have you known the applicant? \_\_\_\_\_
- Please rank the applicant on the following traits in comparison with other students of your acquaintance at the same level of experience.

	Highest 10%	Next Highest 20%	Middle 40%	Next Lowest 20%	Lowest 10%	Do not wish to rate
Problem solving ability						
Manual dexterity						
Able to follow directions successfully						
Accept responsibility for and learn from mistakes						
Ability to work with others						
Motivation and perseverance						
Maturity						

- In the space below, please add any comments that you may wish to make regarding strengths or weaknesses of the applicant which you feel should be considered in deciding upon admission.

Signature and Professional Degree _____	Date _____
Please print name _____	Position _____
Office Phone No. _____	