A completed application includes the following:

A. Department of Clinical Laboratory Science application form.
B. Written statement describing your concept of the profession of Clinical Laboratory Science, and why you have chosen to apply.
C. If not currently enrolled at ECU, transcripts of all grades from other educational institutions.

Admission to the CLS program is competitive. Applicants will be evaluated based on the following criteria:

A. Grade point average: Overall and in science courses.
B. Interview: Interviews are conducted by at least 2 CLS faculty members. Applicants are questioned on their knowledge and perception of the profession, study habits, and professional goals related to a laboratory profession. Interviewers strive to ascertain the extent of student’s motivation and interest in the profession, technical abilities, maturity, and sense of responsibility. Applicants who have met the minimum admission requirements will be contacted for an interview during the spring semester.
C. Number of college-level courses taken at ECU or other 4-year accredited university/college.
D. Laboratory or other medical experience, if any.

Program acceptance/rejection letters will be sent to applicants via e-mail prior to pre-registration for Fall Semester.

Application materials MUST be received on or before February 1.

Applications received after this date will be reviewed at the end of the spring and summer semesters. Late admissions will be considered on a space available basis.
APPLICATION FOR ADMISSION TO THE PROFESSIONAL PROGRAM
Department of Clinical Laboratory Science (CLS)
EAST CAROLINA UNIVERSITY • COLLEGE OF ALLIED HEALTH SCIENCES

PERSONAL INFORMATION

ECU Banner Number: ________________________________  Admission for Fall: ________

Full Legal Name: __________________________________________

________________________________________  __________________________
Last Name  First Name  Middle Name

Current Mailing Address: __________________________________________

________________________________________  __________________________  _______
Street  City  State  Zip

ECU Student E-mail Address (Other, only if not at ECU): ____________________________  Cell Phone Number: (______) ________________________

Permanent Address: __________________________________________

________________________________________  __________________________  _______
Street  City  State  Zip

Permanent Phone Number (if different from above): (______) ________________________

North Carolina Resident?  O Yes  O No  If yes, NC County of Legal Residence ____________________________

I AM APPLYING TO: (Check only one) *

_____ Clinical Laboratory Science Major professional phase

_____ Dual Degree in Biology and Clinical Laboratory Science (CLS Phase)

*Optional information requested for purposes of statistical information only. The department will not use this information 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: ______

* U.S. Citizen? _________  If No, give country of citizenship: ____________________________

* Ethnic Origin:  O White, not Hispanic  O Black, not Hispanic  O Hispanic  O American Indian or Alaska Native  O Asian or Pacific Islander  O Other

EDUCATION INFORMATION

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

<table>
<thead>
<tr>
<th>School Name</th>
<th>City</th>
<th>State</th>
<th>Dates of Attendance</th>
<th>Diploma/Degree or Semester Hrs.</th>
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LAB OR HEALTH CARE WORK EXPERIENCE

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<thead>
<tr>
<th>Type</th>
<th>Employer</th>
<th>Position Held / Dates</th>
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</table>
**East Carolina University**
**Department of Clinical Laboratory Science**
**College of Allied Health Sciences**

**PRE-REQUISITE COURSES IN PROGRESS/PLANNED**

LIST ALL COURSES IN WHICH YOU ARE CURRENTLY ENROLLED

<table>
<thead>
<tr>
<th>Courses in Progress</th>
<th>School Name</th>
<th>Semester Hours</th>
<th>Expected Date of Completion</th>
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LIST ALL COURSES YOU PLAN TO COMPLETE IN THE SUMMER (PRIOR TO THE START OF FALL SEMESTER)

<table>
<thead>
<tr>
<th>Courses Planned</th>
<th>School Name</th>
<th>Semester Hours</th>
<th>Expected Date of Completion</th>
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***WRITTEN STATEMENT****

On a separate sheet of paper, compose a short essay (typed, with your name, Banner number, and date) that includes:

- Your concept of the medical laboratory profession: What we do (daily job responsibilities), where we work, and our role in healthcare.
- Your expectations of ECU CLS program, and how you plan to succeed and graduate with a B.S. in CLS
- Your personal professional goals.

Note that your essay must be in your own words; not copied/plagiarized from the Internet or other sources. Any references you use must be cited at the end of the essay.

For MLTs ONLY

If you are an MLT, please check here ☐ Graduated from: ____________________________________________

Do you have ASCP certification? ☐ Yes ☐ No

How long have you worked as a MLT? ____________

In what areas of the clinical lab have you worked? __________________________________________________

Where do you currently work? ________________________________________________________________

I understand that the Clinical Laboratory Science department in the College of Allied Health Sciences cannot make any decisions regarding my admission until this application and all other required documents have been received. If I have not completed all required courses, I understand that admission into the program is conditional/contingent upon satisfactory completion of these courses with a minimum grade of C (73%) prior to my program entry.

I understand that the College of Allied Health Sciences 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. I understand that submission of false information is grounds for rejection of my application, withdrawal of any acceptance offer, cancellation of enrollment, and/or appropriate disciplinary action.

X ____________________________________________ Applicant Signature  ____________________________ Date

All application materials must be returned to the Clinical Laboratory Science department postmarked no later than February 1 for admission consideration for the following Fall semester. Late applications will be reviewed at the end of the spring and summer semesters, with admission consideration on a space available basis.

East Carolina University
College of Allied Health Sciences
Clinical Laboratory Science Department
Health Sciences Building Room 3410, Mail stop 668
Greenville, NC 27834