



School Of Health Professions & Nursing
Department of Biomedical Sciences
720 Northern Blvd.
Brookville, NY 11548

Clinical Laboratory Science Program Application for Admission

Date of Application: _____

Personal Information

Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (Apt. #)

_____ (City) (State) (ZIP code)

Email: _____

Home Telephone: _____ Cell Telephone: _____

Current School Dormitory Address: (If applicable) _____

Social Security Number (last four digits only): _____

United States Citizen? Yes _____ No _____

If no, what is your visa status? _____

Date of Birth: _____ Birthplace: _____

Emergency Contact Information: _____

_____ (Name) (Telephone Number)

Academic Information

1. Elementary School: _____
(Name) (Location) (Year Graduated)

2. High School: _____
(Name)

(Address) (Year Graduated)

3. Colleges: _____
(Name) (Major/Degree/Dates)

(Address)

(Name) (Major/Degree/Dates)

(Address)

A. Have you ever applied to any other Clinical Laboratory Science/CLS Program?

Yes _____ No _____ If yes, where? _____

B. Have you previously applied to LIU Post's CLS Program? Yes _____ No _____

C. Have you ever attended a school of CLS/Medical Technology before? Yes _____ No _____

If yes, name of school attended: _____

(Address)

Dates attended: _____ Reason for leaving: _____

Current Overall Cumulative GPA: _____

College Liberal Arts Core GPA: _____ Basic Science Core GPA: _____ Biomedical Science Major Core GPA: _____

For International Applicants Only:

TOEFL Score Total : _____

Reading _____ Writing _____ Listening _____ Speaking _____ IELTS _____

Please submit official TOEFL and/or IELTS documentation with application.

Employment Experience

List the employer's name, address, job title, and dates of hire for all employment since high school graduation.
(Use reverse side of page if necessary)

1. _____

2. _____

3. _____

Volunteer Experience

List the name of institution, address, position held, and hours for all volunteer experience in any area of medicine.
(Use reverse side of page if necessary)

1. _____

2. _____

Required Documentation

The following items must be submitted before the application can be processed:

1. **Transcripts:** An official transcript of all college work completed.
2. **Two References:** One from a former employer and one from a former college professor.
(Preferably from individuals familiar with medical sciences.)

Please email as pdf or jpeg this application and required documents to: anthony.capetandes@liu.edu

Program Director: Anthony Capetandes, Ph.D., MT (ASCP)
Clinical Laboratory Science Program
Department of Biomedical Sciences
LIU Post
Brookville, NY 11548

Applicant's Signature: _____

Date: _____

**Falsification of any statement is grounds for dismissal or disqualification of your application.
This institution does not discriminate on the basis of age, sex, or national origin.**

Date Received in CLS Program's Office: _____