



2012 CLINICAL LABORATORY TECHNICIAN Program Application Checklist

Applications for **Summer Semester** will be accepted until **April 15th**.
Applications for the **Fall Semester** will be accepted until **July 15th**.
Applications received after the deadline will be considered on a space available basis.

TO COMPLETE APPLICATION TO THE PROGRAM, THE FOLLOWING MUST BE SUBMITTED:

Submit to the ADMISSIONS Office

- WSCC application
- Official transcripts from all colleges previously attended
- Proof of high school graduation (transcripts) or GED certificate

Submit to the CLT PROGRAM DIRECTOR:

- CLT program application
- Copy of transcripts from ALL colleges previously attended (including Wallace State Community College)

*All information must be included for this packet to be complete. Any piece of missing documentation will result in the application not being considered for admission. Information will not be accepted via fax - it must be delivered in person or via mail by the deadline date.

YOU SHOULD RETAIN COPIES OF THE APPLICATION PACKET YOU SUBMIT. If you reapply in the future, information will not be released from previous application packet.

NOTE: It is the responsibility of each applicant to ensure that the application is complete and that all information is on file. If application packet does not include all information listed above at the time it is submitted to the CLT department, it will be rejected.

You will be notified by the Program Director if you are accepted into the program. As no information regarding individual admission status will be given via telephone, please do not call the Admissions or call the Program Director to obtain your status.

Upon acceptance all health science division students are required to have drug screenings and background check. Drug Policy and Background Check Policy are available for viewing online at www.wallacestate.edu.



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Please contact Program staff (256-352-8347) for any questions.

Copy of transcripts from ALL colleges previously attended must be attached (including Wallace)

Prior to APPLICATION to the program, the following must be complete:

- Yes No WSCC college application submitted to Admissions.
- Yes No Student re-entry form submitted to Admissions. (For students who have not attended WSCC within the last 2 semesters)
- Yes No Official transcripts from all colleges previously attended submitted to WSCC Admissions
- Yes No Proof of high school graduation (transcripts) or GED certificate submitted to WSCC Admissions
- Yes No _____ (Your Initials) Reviewed WSCC Health Division Background Policy (<http://www.wallacestate.edu/programs/health.html>)
- Yes No _____ (Your Initials) Reviewed WSCC Health Division Drug Screening Policy (<http://www.wallacestate.edu/programs/health.html>)

Date of Application _____ Plan to Enter Program Fall Semester Summer Semester (Year) _____

WSCC Student No. _____ Social Security No. _____

Full Name _____
 Last Name First Name Middle Initial Maiden

Mailing Address _____

City _____ State _____ Zip _____

Personal Email Preferred _____

WSCC Email Preferred _____ Emergency Contact _____

Home Phone _____ Relationship _____

Cell Phone _____ Emergency Contact Phone _____

Work Phone _____ Emergency Contact Phone _____

Previous Education (Please attach transcripts for all colleges attended - use reverse side for additional college information)

Transcript Attached	College Name	City/State	Diploma or Degree	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____

If you are applying to other allied health or nursing programs, please list in order of preference for admission:

1. _____ 2. _____ 3. _____

Have you completed a 2 year allied health patient care related program? Yes No Which field: _____

STUDENTS PLEASE COMPLETE THE BELOW INFORMATION

Grade	Class	Hours	Official Use	Comments
	ORI 101 Orientation to College	1		
	ENG 101 English Composition I	3		
	ENG 102 English Composition II or	3		
	SPH 106 Fundamentals of Oral Comm.	3		
	MTH 116 Mathematical Applications	3		
	BIO 103 Principles of Biology I	4		
	CHM 104 Introduction to Inorganic Chem.	4		
	Elective Humanities/Fine Arts Elective	3		
	Elective Social or Behavioral Science	3		

Copy of transcripts from ALL colleges previously attended (including Wallace State) attached to application Yes No

This Application Expires July 16, 2012 Student Signature _____ Date _____

Mail or hand deliver completed application to: For official use only:
 Clinical Laboratory Technician Date Application Received _____ Application Complete: Yes No
 Attn: Julie Welch (#95)
 Wallace State Community College Application Reviewer's Initials: _____ Additional documentation required: _____
 P. O. Box 2000, Hanceville, AL 35077-2000