2026 General Education Worksheet – Medical Laboratory Assistant (MLA)

Name: _____   Student # **A** _____   Program Applying To: **Medical Lab Assistant** _____

All unofficial transcripts from each college attended must be uploaded to the online MLA application. **It is the responsibility of the applicant to ensure accurate and truthful information**. **All light grey shaded areas must be complete.** Answer each row/section, add columns, and calculate totals.

College Attended **Write in each college attended below**. On each college transcript, find Transcript Total section (usually last section) to insert the Institution's Attempted Hours, Institutional Earned Hours, Institutional GPA Hours, Institutional Quality Points, and Institutional GPA.	From each college attended list: **Total Institutional Attempted Hours**	From each college attended list: **Total Institutional Earned Hours**	From each college attended list: **Total Institutional GPA Hours**	From each college attended list: **Total Institutional Quality Pts**	From each college attended list: **Total Institutional GPA**
Write name of 1st College Attended: _____					
Write name of 2nd College Attended:					

Student must have either an ACT or Accuplacer Score: (**NO** minimum score required) **ACT Score**: _____ *(National, Residual, or Superscore – no minimum score required)* **Or, Accuplacer Score:** _____ *(no minimum score required)* **Accuplacer Writing Score:** _____ **Accuplacer Math Score:** _____		**Add all total GPA Hours** _____ ÷ **Total Hours**	**Add all Total Quality Points** _____ **Total Points**	**Divide Total Points by Total Hours** _____ = **Cumulative GPA** (min. **2.0** required)

High School Transcript or GED: **If no previous college attended, did you submit a copy of your high school transcript with your MLA application?** **YES or NO** **Name of high school:** _____ **Year of high school graduation:** _____ **Or, did you submit copy of your GED with your MLA application?** **YES or NO**	**CPR Certification** American Heart Association BLS CPR for Healthcare Providers **Expiration Date:** _____