



MLT Office Use Only

Received \_\_\_\_\_

Date \_\_\_\_\_

Initials \_\_\_\_\_

# Saddleback College Medical Laboratory Technician Program Student Application

PLEASE PRINT THE FOLLOWING INFORMATION:

Saddleback Student ID \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

(Student must provide his/her own ID at time of applying)

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Cell Phone # Alternate Phone E-Mail Address

\_\_\_\_\_ Mailing Address, City, State and Zip Code

\_\_\_\_\_ M / F \_\_\_\_\_  
Birth Date Gender(circle one) High School Attended HS Grad Date

Are you a U.S. citizen?  Yes  No Are you here on a Visa?  Yes  No If yes, please attach documentation

Are you a Permanent Resident with working social security card?  Yes  No Are you a veteran?  Yes  No

Do you currently have a CA Certified Phlebotomy Technician License (CPT1 or 2)?  Yes  No If yes, please specify the license #: \_\_\_\_\_ (Attach copy of license)

Do you have a BA/BS degree or Higher?  Yes  No Associate Degree?  Yes  No

Have you previously applied to the program but was not admitted due to space availability?  Yes  No When? \_\_\_\_\_

**Notes:** Official communication will be sent via your e-mail address.

**Important:** Individuals accepted into the MLT Program must clear a criminal background check and a complete physical.

**NOTE:** Official transcripts or foreign evaluated transcripts pertinent to earned degrees, pre-requisites, and MLT curriculum must be submitted to Admissions and Records *prior to* enrolling in any MLT course. Unofficial transcripts must be submitted with the application. Also submit official AP scores if applicable to Admissions and Records.

List all completed Program Pre-requisites, Program Co-requisites, and/or Degree requirement courses

Course	Term/Year	College/University Location (City, State)	Course Title & Course # (If not taken at Saddleback or IVC)	Units	Grade
Anatomy & Physiology (Bio 113)					
General Chemistry (Chem 108)					
Microbiology (Bio 15)					
Intermediate Algebra					
MLT 210- Intro to					
MLT 211- Basic Lab					

Signature \_\_\_\_\_

Date \_\_\_\_\_

I acknowledge, by my signature, that the information on this form is true and correct.