



Application must be accompanied by a \$50 (U.S. Funds Only) non-refundable fee. Check or money order should be made payable to Oregon Institute of Technology. Return completed form to:

Clinical Laboratory Science Program

Clinical Laboratory Science Program
 OHSU Mail Code: MTGH
 3181 S.W. Sam Jackson Park Road
 Portland, Oregon 97239-3098
 P: 503.494.8698

Please read the instructions carefully. Type or print in ink.

1 BIOGRAPHICAL INFORMATION

Legal Name _____
Last First Middle Maiden Preferred

Social Security Number _____ - - Gender (optional) Male Female

Date of Birth _____ Place of Birth _____
Month Day Year City State or Province Country

How did you learn about this program? _____

2 CITIZENSHIP INFORMATION

Choose ONE option below

U.S. Citizen

U.S. Permanent Resident (Green Card Holder)
 Country of citizenship _____
 Please attach a photocopy of your Permanent Resident Alien Card to the upper right corner of this form.

Non-U.S. Citizen/Non-U.S. Permanent Resident
 Country of citizenship _____
 Visa Type (if applicable) _____

3 (OPTIONAL) ETHNIC INFORMATION

In compliance with federal reporting requirements, OIT must seek to identify the ethnic background of applicants for admission. You are encouraged to supply this information, but may decline without in any way prejudicing your application. Please check all that apply

American Indian/Alaskan Native
 Asian
 Black (African American)
 Hispanic
 Pacific Islander
 White (Non-Hispanic)
 Other _____

4 CONTACT INFORMATION

- The CLS Program will send all correspondence to your mailing address.
- If your mailing address is the same as your home address, check the box and write the address below.
- If your mailing address differs from your home address, mailing address is valid from: ____ / ____ / ____ through ____ / ____ / ____

Permanent (Home) Address

Mailing Address

Same as Permanent Address

Street Address _____

City _____ State or Province _____ Zip or Postal Code _____
()

Country _____ Area Code _____ Telephone Number* _____

Street Address _____

City _____ State or Province _____ Zip or Postal Code _____
()

Country _____ Area Code _____ Telephone Number _____

Email Address _____

Cellular Phone Number* _____

Daytime Telephone Number* _____

* Please indicate your primary phone numbers for each of these fields.

5 EMERGENCY CONTACT INFORMATION

Emergency Contact Person Name			
Street Address			
City	State or Province	Zip or Postal Code	
()			
Area Code	Daytime Telephone Number		

6 EDUCATIONAL HISTORY

Graduating High School

Name	City	State or Province	Graduating Year
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If you graduated from high school after 1996 and have not completed two terms of foreign language in college, please have an official high school transcript sent directly to the CLS Program.

Have you passed two years of one foreign language in High School or two terms of one foreign language (including American Sign Language) in college, or will you have done so prior to enrolling? Yes No

Have you previously applied to the OHSU/OIT CLS Program? Yes No If so, what year? _____

In chronological order, please list all Colleges and Universities you have attended or from which you will be receiving credit. Use additional paper if necessary. Submit official transcripts from each institution in their sealed, unaltered envelopes. Please note, all transcripts will become property of this institution.

/ - /	Institution Name	State or Province	Degree Received
/ - /	Institution Name	State or Province	Degree Received
/ - /	Institution Name	State or Province	Degree Received
/ - /	Institution Name	State or Province	Degree Received
/ - /	Institution Name	State or Province	Degree Received
/ - /	Institution Name	State or Province	Degree Received

Were you ever required to leave any college or denied re-admission for any reason? Yes No

If so, explain fully on a separate page.

7 EDUCATIONAL PLANS

List below all courses in which you are presently enrolled and those courses you plan to complete during the remainder of the academic year. Use additional paper if necessary.

Term	Course Number	Course Name	Credit Hours	Institution Name
Term	Course Number	Course Name	Credit Hours	Institution Name
Term	Course Number	Course Name	Credit Hours	Institution Name
Term	Course Number	Course Name	Credit Hours	Institution Name
Term	Course Number	Course Name	Credit Hours	Institution Name
Term	Course Number	Course Name	Credit Hours	Institution Name
Term	Course Number	Course Name	Credit Hours	Institution Name
Term	Course Number	Course Name	Credit Hours	Institution Name
Term	Course Number	Course Name	Credit Hours	Institution Name
Term	Course Number	Course Name	Credit Hours	Institution Name

8 EMPLOYMENT HISTORY

In chronological order, please list all employment for the last 10 years, or since your high school graduation or attach a resumé. Use additional paper if necessary. Please explain any period not covered by employment or college attendance on a separate paper.

/ - /	Employer	City	State or Province	Title
Dates of Employment	Employer	City	State or Province	Title
/ - /	Employer	City	State or Province	Title
Dates of Employment	Employer	City	State or Province	Title
/ - /	Employer	City	State or Province	Title
Dates of Employment	Employer	City	State or Province	Title
/ - /	Employer	City	State or Province	Title
Dates of Employment	Employer	City	State or Province	Title
/ - /	Employer	City	State or Province	Title
Dates of Employment	Employer	City	State or Province	Title

Resumé attached

9 RESIDENCY

For Tuition purposes, do you consider yourself a resident of Oregon? Yes No

If YES, please answer the following section completely. FAILURE TO DO SO MAY RESULT IN YOUR CLASSIFICATION AS A NONRESIDENT. If you are under the age of 24, you must also complete the parent / guardian information. Additional documentation may be required to substantiate residency.

	Student	Parent/Guardian
Date of most recent continuous presence in Oregon (from mo/yr to mo/yr)	/ - /	/ - /
Original issue year of current Oregon Driver's License		
Did you enter the military service from Oregon?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
List last two years Oregon income taxes have been filed	_____	_____

List the two most recent employers for yourself and your parent and/or guardian if applicable.

Student	/ - /	Employer	City	State
	from (mo/yr) to (mo/yr)			
	/ - /			
	from (mo/yr) to (mo/yr)			
	/ - /			
	from (mo/yr) to (mo/yr)			
	/ - /			
	from (mo/yr) to (mo/yr)			
	/ - /			
	from (mo/yr) to (mo/yr)			

10 CERTIFICATION & AUTHORIZATION

The Oregon Department of Justice requires that candidates seeking admission to the Clinical Laboratory Science program respond to the following questions.

Have you ever been convicted of a misdemeanor or felony? Yes No

Have you ever been found not guilty by reason of insanity, mental disease, defect, etc. in any proceedings in which you were charged with a misdemeanor or felony? Yes No

If the answer to either of the questions above is "yes" please indicate the crime involved, any sentence imposed, and the year(s), state and country in which the legal proceedings took place. SHOULD THE ANSWER TO EITHER OF THE ABOVE QUESTIONS BECOME "YES" BETWEEN SUBMISSION OF THIS APPLICATION AND AN ACCEPTED APPLICANT'S ENROLLMENT AT OHSU/OIT, THE INDIVIDUAL MUST INFORM THE DIRECTOR OF THE CLINICAL LABORATORY SCIENCE PROGRAM.

SSN Disclosure and Consent Statement. OIT is required to obtain your Social Security Number (SSN) in order to file certain returns with the Internal Revenue Service (IRS). The returns that OIT must file contain information about qualified tuition and related expenses. Privacy Act Notice: Section 6109 of the Internal Revenue Code requires you to give your correct SSN to persons who must file information returns with the IRS to report certain information. The IRS uses the SSN for identification purposes and to help verify the accuracy of your tax return. For more information, refer to IRS code 6050S.

My signature at the end of this form authorizes OIT and the Oregon University System (OUS) to use my SSN for tracking and statistical purposes as outlined in the OUS Disclosure and Consent Statement appearing on the OIT web site.

I prefer to use a student ID number rather than my SSN while attending OIT: Yes No

I certify that I have read and understand the Clinical Laboratory Science Program's Essential Requirements for admission and that I meet each standard, with or without reasonable accommodation.

I certify that I have provided complete and accurate statements on this application. I understand that if it is found to be otherwise, it is sufficient cause for rejection or dismissal. I authorize the release of any information submitted by me in connection with this application to any person, corporation, association or government agency by OIT only to verify or explain this information.

_____/_____/_____
Signature Date

Students with Disabilities: Oregon Institute of Technology is committed to accommodating the needs of students with disabilities whenever possible. Students with disabilities who anticipate needing accommodations should contact the Office of Services for Students with Disabilities, as early as possible in advance of enrollment to ensure timely provision of services. Alternate Format: This publication is available in alternate format for persons with disabilities. Questions and requests may be directed to: Director of Campus Access and Equal Opportunity at (541) 885-1031 or TTY (541) 885-1072. Fax: (541) 885-1520. Email: access@oit.edu.

Oregon Institute of Technology does not discriminate on the basis of race, color, national origin, gender, mental or physical disability, age, religion, marital status or sexual orientation. The following office is designated to handle inquiries regarding this non-discrimination policy: Director of Campus Access and Equal Opportunity, OIT, 3201 Campus Drive, Klamath Falls OR 97601-8801. (541) 885-1031 or TTY (541) 885-1072. Fax: (541) 885-1520. Email: access@oit.edu.