

# Akron Cooperative Medical Laboratory Science Program

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Akron Children's Hospital

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**Education Coordinator**  
Summa Health System

## Application for Admission

Name: \_\_\_\_\_  
Last First Middle Initial

Date: \_\_\_\_\_

School Address: \_\_\_\_\_  
(Residence) Street City & State Zip

Phone: \_\_\_\_\_  
Include Area Code

Permanent Address: \_\_\_\_\_  
Street City & State Zip

Phone: \_\_\_\_\_  
Include Area Code

E mail: \_\_\_\_\_

Education	Name of School	City/State	Years Attended	Major/Degree	Graduation Date
High School					
College					
College					
College					
Business, Trade or Night School					
Professional School					

Are there any circumstances pertinent to this application that you would like to explain?

Please list your previous employment including military service or volunteer experience accounting for all time since graduation from High School.

Employer/Military /Volunteer	Work Description	Hours per week:	Dates

Please list the activities, honors, or scholarships held during high school and college.

Please submit a statement that describes your interest in the profession of Medical Laboratory Science and your projected goals:

Have you ever been convicted of anything other than a traffic violation \_\_\_\_\_? If yes, please state reasons, dates, and dispositions.

Dates you will **NOT** be available for a personal interview during November, December, January?

I understand that if I should be admitted to the Medical Laboratory Science Program and later investigation reveals that I have made false statements or omitted material facts in this form, I may be subject to dismissal. I further authorize Akron Cooperative Medical Laboratory Science Program officials to obtain all pertinent information from police records and all past or present employers, schools, or educational institutions for verification of information contained in this application. The above information is correct and without purposeful omissions.

Signature of Applicant

Date

DO NOT WRITE IN THIS SPACE

Affiliate \_\_\_\_\_  
App. Rec'd \_\_\_\_\_  
Transcript Rec'd \_\_\_\_\_

App. fee Rec'd \_\_\_\_\_  
Date Ref. Rec'd \_\_\_\_\_