

# Akron Cooperative Medical Laboratory Science Program

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APPLICANT NAME \_\_\_\_\_

UNIVERSITY \_\_\_\_\_

DATE \_\_\_\_\_

☐ I have completed all course work and have no courses in progress or planned.

## COURSES IN PROGRESS

NO.	TITLE	CREDIT HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## COURSES PLANNED

NO.	TITLE	CREDIT HOURS		INDICATE WHICH TERM
		SEMESTER	QUARTER	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please check the statement(s) which best describe your degree status. If more than one degree is planned, check all applicable statements.

☐ Baccalaureate/Master's degree(s) has been received prior to beginning of clinical year (4+1)

Name of Degree(s): \_\_\_\_\_

☐ Baccalaureate degree(s) to be received upon completion of clinical year (3+1)

Name of Degree(s): \_\_\_\_\_