

**MORGAN STATE UNIVERSITY
CLINICAL LABORATORY SCIENCES/MEDICAL TECHNOLOGY PROGRAM
APPLICATION FOR ADMISSION**

Demographic Information

Full Name: _____
Last *First* *M.I.*

Permanent Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *Zip Code*

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Student ID Number: _____

Birth Date: _____ Sex(Male/Female) _____

Mailing Address: _____

U.S. Citizen (y/n): _____ Visa Status: _____

Education Information

High School Name/Address _____ Years/Degree _____

College Name/Address _____ Years/Degree _____

Emergency Contact Information

Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *Zip Code*

Primary Phone: _____ Cell Phone: _____

Relationship: _____

EXTRACURRICULAR ACTIVITIES/HONORS _____