



# Clinical Laboratory Science Division of Health Sciences College of Health Professions

## SUPPLEMENTAL APPLICATION

This application supplements the formal application for admission to the University and must be completed by students applying to the Clinical Laboratory Science Program, in the Division of Health Science, in the College of Health Professions. Applicants must meet the admission requirements as stated in the FGCU catalog.

### Return applications to:

Julie Hammerling, MSH, MS  
Division of Health Sciences  
College of Health Professions  
Attn.: Application Materials  
Florida Gulf Coast University  
10501 FGCU Boulevard South  
Fort Myers, FL 33965-6565

Official transcripts from all schools attended must be submitted. BS applicants send transcripts to the undergraduate admissions office. Certificate applicants send to the graduate admissions office. Note: this is in addition to a University admission application form.

Instructions. Please complete each item of the application. *Applicants are responsible for ensuring that supplemental application files are complete by the established deadline* (see below for deadlines). Incomplete application packets will not be processed. Information must be printed or typed.

---

## BIOGRAPHICAL INFORMATION

Last Name		First Name		M.I.
Mailing Address			City	State
Permanent Address (if different from Mailing Address)			City	State
Home Phone		Work Phone		e-mail address

---

## PROGRAM OF STUDY

### PROGRAM

### ENROLLMENT TERM

Select one program and corresponding enrollment term:

- |   |  |
|---|--|
| <input type="checkbox"/> B.S. in Clinical Laboratory Science        | <input type="checkbox"/> Fall 20__ Deadline June 1st       |
|   | <input type="checkbox"/> Spring 20__ Deadline Oct 15th     |
|   | OR <input type="checkbox"/> Summer 20__ Deadline March 1st |
| <input type="checkbox"/> Certificate in Clinical Laboratory Science | <input type="checkbox"/> Fall 20__ Deadline June 1st       |
|   | <input type="checkbox"/> Spring 20__ Deadline Oct 15th     |
|   | OR <input type="checkbox"/> Summer 20__ Deadline March 1st |

## COLLEGE/UNIVERSITY RECORD

List all college/university-level courses in which you are ***presently enrolled***.  
 Please note that enrollment in any program is contingent upon you providing official  
documentation of completion of courses listed as admission requirements.  
*(Attach a separate sheet if necessary.)*

			Dates of Enrollment	
			From	To
Course Title & Course Number	College or University	Sem./Qtr. Hours	Mo./Yr.	Mo./Yr.

List any college/university -level courses not listed above you ***expect to complete prior to the first class day.***  
 Please note that enrollment in any program is contingent upon you providing  
official documentation of completion of courses listed as admission requirements.  
*(Attach a separate sheet if necessary.)*

			Dates of Enrollment	
			From	To
Course Title and Course Number	College or University	Sem./Qtr. Hours	Mo./Yr.	Mo./Yr.

### CERTIFICATION

I certify that all information provided on this application is true and correct to the best of my knowledge. I also pledge on my honor that all application materials were authored solely by me in accordance with this certification statement. I acknowledge that any misrepresentation of information will nullify my application for admission, and if enrolled, will result in disciplinary action which may include dismissal from the College of Health Professions and/or the University.

Signature

Date