

**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 \_\_\_\_\_