



SAGINAW VALLEY STATE UNIVERSITY

COLLEGE OF HEALTH & HUMAN SERVICES

MEDICAL LABORATORY SCIENCE PROGRAM APPLICATION

FOR ADMISSION INTO PROFESSIONAL PHASE: WINTER 2027

APPLICATION INSTRUCTIONS:

- Complete the application form below by entering all required information directly into the table cells. Make sure to save your application as LastName_FirstName_MLSAPP_WI27.
- Refer to the [MLS Apply Now](#) website for all current application materials. In addition to the application form, applicants must:
 - Submit a professional essay; and
 - Request two professional references (maximum of three) to complete a recommendation form, which can be sent directly from the reference.
- Email completed forms as attachments to milsapp@svsu.edu. Please include in the subject line: MLS Application WI27 Start [Your Name].
- Applications for admission to the **Winter 2027** start term will be accepted between **August 15th** and **September 15th 2026**.
- Note: Students are encouraged to meet with the program director at least twice (once each in years 1 and 2) to ensure they are on the correct course plan.

PART I: APPLICANT INFORMATION

SVSU ID#:				DATE:		
FULL NAME:						
	(FIRST)	(LAST)	(M.I.)			
ADDRESS:	(STREET ADDRESS)				(APT/UNIT #)	
	(CITY)		(STATE)	(ZIP CODE)		
PHONE:			EMAIL:			
CURRENT GPA (MIN. 2.75):			EXPECTED SEMESTERS OF MLS FIELDWORK COURSES:	<input type="checkbox"/> Winter/Spring <input type="checkbox"/> Summer/Fall		
ARE YOU A CITIZEN OF THE UNITED STATES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF NO, ARE YOU A PERMANENT US RESIDENT AUTHORIZED TO WORK IN THE U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

PART II: RECOMMENDATIONS

You must request submission of two professional and/or academic recommendations (3 max) on the forms provided on the [MLS Apply Now website](#). Select references that are familiar with your work and will be comfortable submitting a reference on your behalf. Recommendations should be emailed to the program director from the reference or mailed to the program director by the reference to the address supplied on the form and remain confidential.

Below, please list the persons who will be submitting academic or professional references:

REFERENCE 1			
FULL NAME:		RELATIONSHIP:	
COMPANY:		PHONE:	
ADDRESS:		EMAIL:	
REFERENCE 2			
FULL NAME:		RELATIONSHIP:	
COMPANY:		PHONE:	
ADDRESS:		EMAIL:	
REFERENCE 3 (OPTIONAL)			
FULL NAME:		RELATIONSHIP:	
COMPANY:		PHONE:	
ADDRESS:		EMAIL:	

PART III: EDUCATION

A. EXTERNAL INSTITUTIONS

List all schools, other than SVSU, that you have attended. You must submit WES evaluation of any foreign transcripts. Please verify whether official transcript(s) from each transfer institution have already been submitted to Saginaw Valley State University. Students must email unofficial transcript(s) from all transfer institutions for which official transcripts have not yet been received by SVSU. In addition, official transcript(s) must be electronically sent to SVSU for the admission status to be considered complete, once accepted into the program.

INSTITUTION 1				
COLLEGE/UNIVER.:				
ADDRESS (CITY/STATE):				
DATES ATTENDED FROM:		TO:		
DID YOU GRADUATE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DEGREE:	
<p><i>In the area below, list courses taken and passed at this institution (completed and passed with a C or better). If more than 6 courses, please use the Additional Courses form (MLS Apply Now site) and submit with the application. NOTE – official transcripts must be sent to the Office of the Registrar.</i></p>				
COURSE ACRONYM AND #:		COURSE NAME:		

COURSE ACRONYM AND #:		COURSE NAME:	
COURSE ACRONYM AND #:		COURSE NAME:	
COURSE ACRONYM AND #:		COURSE NAME:	
COURSE ACRONYM AND #:		COURSE NAME:	
COURSE ACRONYM AND #:		COURSE NAME:	

INSTITUTION 2

COLLEGE/UNIVER.:			
ADDRESS (CITY/STATE):			
DATES ATTENDED FROM:		TO:	
DID YOU GRADUATE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DEGREE:

In the area below, list courses taken and passed at this institution (completed and passed with a C or better). If more than 6 courses, please use the Additional Courses form ([MLS Apply Now site](#)) and submit with the application. NOTE – official transcripts must be sent to the Office of the Registrar.

COURSE ACRONYM AND #:		COURSE NAME:	
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COURSE ACRONYM AND #:		COURSE NAME:	
COURSE ACRONYM AND #:		COURSE NAME:	
COURSE ACRONYM AND #:		COURSE NAME:	
COURSE ACRONYM AND #:		COURSE NAME:	

INSTITUTION 3

COLLEGE/UNIVER.:			
ADDRESS (CITY/STATE):			
DATES ATTENDED FROM:		TO:	

DID YOU GRADUATE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DEGREE:	
<i>In the area below, list courses taken and passed at this institution (completed and passed with a C or better). If more than 6 courses, please use the Additional Courses form (MLS Apply Now site) and submit with the application. NOTE – official transcripts must be sent to the Office of the Registrar.</i>				
COURSE ACRONYM AND #:			COURSE NAME:	
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COURSE ACRONYM AND #:			COURSE NAME:	
COURSE ACRONYM AND #:			COURSE NAME:	
COURSE ACRONYM AND #:			COURSE NAME:	

INSTITUTION 4				
COLLEGE/UNIVER.:				
ADDRESS (CITY/STATE):				
DATES ATTENDED FROM:			TO:	
DID YOU GRADUATE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DEGREE:	
<i>In the area below, list courses taken and passed at this institution (completed and passed with a C or better). If more than 6 courses, please use the Additional Courses form (MLS Apply Now site) and submit with the application. NOTE – official transcripts must be sent to the Office of the Registrar.</i>				
COURSE ACRONYM AND #:			COURSE NAME:	
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COURSE ACRONYM AND #:			COURSE NAME:	
COURSE ACRONYM AND #:			COURSE NAME:	
COURSE ACRONYM AND #:			COURSE NAME:	
COURSE ACRONYM AND #:			COURSE NAME:	

B. CURRENTLY ENROLLED COURSES

List any general education and/or program prerequisite courses you are currently enrolled in or will be enrolled which should be completed by the start of the professional phase of the program. NOTE – official transcripts must be sent to the Office of the Registrar once completed.

CURRENTLY ENROLLED				
COURSE:		SVSU COURSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NOTES:				
COURSE:		SVSU COURSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NOTES:				
COURSE:		SVSU COURSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NOTES:				
COURSE:		SVSU COURSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NOTES:				
COURSE:		SVSU COURSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NOTES:				
COURSE:		SVSU COURSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NOTES:				
COURSE:		SVSU COURSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NOTES:				
COURSE:		SVSU COURSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NOTES:				
COURSE:		SVSU COURSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NOTES:				
COURSE:		SVSU COURSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NOTES:				

C. REMAINING COURSES

List any general education and/or program prerequisite courses remaining after the start of the professional program and the semester in which you plan to complete them.

All science and math courses must be completed by the start of the program.

The only exceptions are listed below, and ALL MUST be complete PRIOR to beginning the clinical practicum/fieldwork. These include:

- CHEM250 SURVEY OF BIOCHEMISTRY
- REMAINING GENERAL EDUCATION COURSES
- HS201 INTRO TO HEALTH SCIENCE RESEARCH
- HS250 HEALTH POLICY AND REGULATION
- OTHER COURSES APPROVED ON A CASE-BY-CASE BASIS BY THE PROGRAM DIRECTOR.

Students completing general education and/or approved prerequisite coursework after the one-year of professional courses are required to take the remaining courses between the Winter and Spring semesters, These students are on the Plan B MLS course plan and will begin clinical fieldwork in the Summer Term, graduating in the Fall (December).

COURSES REMAINING AFTER PROGRAM START			
COURSE:		PLANNED SEMESTER/YEAR:	
NOTES:			
COURSE:		PLANNED SEMESTER/YEAR:	
NOTES:			
COURSE:		PLANNED SEMESTER/YEAR:	
NOTES:			
COURSE:		PLANNED SEMESTER/YEAR:	
NOTES:			

PART IV: PREVIOUS EMPLOYMENT

List and describe any work experience. Denote whether the work experience or other experience (internship, mentorship, volunteering, research, etc.) was within a healthcare or laboratory profession (attach a separate sheet if necessary).

EXPERIENCE 1					
COMPANY:				PHONE:	
ADDRESS:					
EXPERIENCE TYPE:	<i>WORK</i>	<i>VOLUNTEER</i>	<i>MENTORSHIP</i>	<i>INTERNSHIP</i>	<i>RESEARCH</i>
JOB TITLE:			LENGTH OF SERVICE/ EMPLOYMENT:		
RESPONSIBILITIES:					
HEALTHCARE RELATED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LABORATORY-RELATED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NOTES:					

EXPERIENCE 2

COMPANY:					PHONE:	
ADDRESS:						
EXPERIENCE TYPE):	<i>WORK</i>	<i>VOLUNTEER</i>	<i>MENTORSHIP</i>	<i>INTERNSHIP</i>	<i>RESEARCH</i>	
JOB TITLE:			LENGTH OF SERVICE/ EMPLOYMENT:			
RESPONSIBILITIES:						
HEALTHCARE RELATED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LABORATORY-RELATED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
NOTES:						

EXPERIENCE 3

COMPANY:					PHONE:	
ADDRESS:						
EXPERIENCE TYPE:	<i>WORK</i>	<i>VOLUNTEER</i>	<i>MENTORSHIP</i>	<i>INTERNSHIP</i>	<i>RESEARCH</i>	
JOB TITLE:			LENGTH OF SERVICE/ EMPLOYMENT:			
RESPONSIBILITIES:						
HEALTHCARE RELATED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LABORATORY-RELATED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
NOTES:						

EXPERIENCE 4

COMPANY:					PHONE:	
ADDRESS:						
EXPERIENCE TYPE:	<i>WORK</i>	<i>VOLUNTEER</i>	<i>MENTORSHIP</i>	<i>INTERNSHIP</i>	<i>RESEARCH</i>	
JOB TITLE:			LENGTH OF SERVICE/ EMPLOYMENT:			
RESPONSIBILITIES:						
HEALTHCARE RELATED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LABORATORY-RELATED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
NOTES:						

PART V: MILITARY SERVICE

Leave blank if no military service. If you are a Veteran, thank you for your service!

MILITARY EXPERIENCE

BRANCH:			
FROM:		TO:	
NOTES:			

PART VI: DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to admittance in the MLS program, I understand that false or misleading information in my application or interview may result in my dismissal.

SIGNATURE:		DATE:	
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See the [MLS Apply Now website](#) for remaining application materials, including instructions for writing and submission of a commitment essay.