

Program in Clinical Laboratory Science

Instructions: Read information carefully and return signed page with Application.

Statement of Understanding

I understand that I will be required to undergo a medical examination prior to enrollment, and that enrollment in the Program may be contingent on results of this examination.

I understand that prerequisites for Program entry and degree requirements must be completed before starting the Program, and that the Program reserves the right to rescind an offer of admission if grades in final prerequisite courses are below the minimum required for admission.

I have reviewed the CLS Essential Functions and understand that my ability to meet these requirements is necessary for successful completion of the Program and subsequent employability in the profession. My signature confirms my ability to meet these Essential Requirements.*

I hereby certify that the answers and information contained in this application are correct to the best of my knowledge and belief, and that misrepresentation in any form will be considered cause for rejection of my application and/or dismissal from the Program.

I waive any action against any entity, including any member of Saint Luke's Health System, for providing information in connection with this student application or inquiries in processing this application.

Signature _____ **Date** _____

**Applicants with a disability or condition that compromises their ability to meet the Essential Functions must submit a written request for accommodation with the Application for Admission. It is the policy of Saint Luke's Hospital not to discriminate in admissions or access to, or treatment or employment in, its programs or activities.*

Waiver of Access to Reference Statements

I realize this waiver is not a required condition for admission to or receipt of financial or other services or benefits from the Saint Luke's Hospital Program in Clinical Laboratory Science, and that I do have the right under PL 93-380 (The Family Educational Rights and Privacy Act of 1974) to inspect my references as held by this Program if I enroll. However, I do also realize that persons giving recommendations may prefer to give references that are not open to my inspection and/or may elect not to respond. Therefore, on this date as indicated by my signature below, I acknowledge all of the above and in accordance with said act do:

Hereby voluntarily waive my right of access under the Family Educational Rights and Privacy Act of 1974 to all confidential reference statements obtained by the Saint Luke's Hospital Program in Clinical Laboratory Science.

Signature _____ **Date** _____