

**PENNSYLVANIA HOSPITAL  
SCHOOL OF MEDICAL LABORATORY SCIENCE  
ROOM CA-S21 CATHCART  
800 SPRUCE STREET  
PHILADELPHIA, PA 19107**

**PROGRAM USE ONLY**

Date Received: \_\_\_\_\_  
School: \_\_\_\_\_  
Transcript:  Letters of Recommendation: #1  #2  #3

**APPLICATION FOR ENROLLMENT**

**Personal Information**

Name: \_\_\_\_\_  
*Last First Middle*

Email Address: \_\_\_\_\_

Cellphone #: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_  
*Street City State Zip Code*

Home Address: \_\_\_\_\_  
*Street City State Zip Code*

**Education**

*Note: Official transcripts are required and must be submitted directly to the School of Medical Laboratory Science.*

| School Name & Location | Diploma or Degree | Course of Study | Dates Attended |
|------------------------|-------------------|-----------------|----------------|
|                        |                   |                 |                |
|                        |                   |                 |                |
|                        |                   |                 |                |

**Work Experience**

|    |                    |  |                     |  |
|----|--------------------|--|---------------------|--|
| 1. | Employer           |  | Dates of Employment |  |
|    | Address            |  | Position Held       |  |
|    | Reason for leaving |  |                     |  |

**SCHOOL OF MEDICAL LABORATORY SCIENCE  
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|           |                           |  |                            |  |
|-----------|---------------------------|--|----------------------------|--|
| <b>2.</b> | <b>Employer</b>           |  | <b>Dates of Employment</b> |  |
|           | <b>Address</b>            |  | <b>Position Held</b>       |  |
|           | <b>Reason for leaving</b> |  |                            |  |

|           |                           |  |                            |  |
|-----------|---------------------------|--|----------------------------|--|
| <b>3.</b> | <b>Employer</b>           |  | <b>Dates of Employment</b> |  |
|           | <b>Address</b>            |  | <b>Position Held</b>       |  |
|           | <b>Reason for leaving</b> |  |                            |  |

**Professional References**

*Please list the names and contact information for three references not related to you, and have them submit the attached recommended form to the Program Director. For undergraduate applicants, include your advisor and a science professor. For post-graduate applicants, include one employer.*

| Name | Title | Email | Phone |
|------|-------|-------|-------|
|      |       |       |       |
|      |       |       |       |
|      |       |       |       |

**Background Check**

In order to comply with hospital regulations, all accepted students must undergo a background check and drug screen. This will take place prior to student orientation.

*Applicants are selected without regard to race, ethnicity, color, sex, sexual orientation, gender identity, religion, national origin, ancestry, age, disability, marital status, familial status, genetic information, domestic or sexual violence victim status, citizenship status, military status, status as a protected veteran or any other status protected by applicable law.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Application Deadlines*

*Fall cohort: October 1<sup>st</sup> for August starting date  
Spring cohort: March 1<sup>st</sup> for January starting date*

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**STUDENT ESSAY**

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The aim of the School of Medical Laboratory Science at Pennsylvania Hospital is to graduate persons who are qualified medical laboratory scientists with a comprehensive knowledge of all aspects of clinical laboratory operation and to develop in its students an appreciation of the professional responsibility for rendering service to the sick and injured.

What do you hope to accomplish by attending Pennsylvania Hospital's School of Medical Laboratory Science?  
What will you offer to the hospital, the community, and the medical laboratory science profession?

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**FEES AND EXPENSES POLICY**

**TUITION:**

The tuition fee for this program is established and reviewed annually in November. The fee is payable in two (2) installments, due before the first of the month of orientation, and in January for the second semester (August for Spring cohorts). The program is not eligible for Title IV funding and financial aid is not available. Students receiving financial aid from their college or university will continue to receive aid during their internship as it represents the 4<sup>th</sup> year of college or university study.

- Penn State University and King’s College will be billed by the hospital for undergraduate students enrolled from that institution. University policy is to reimburse the hospital from tuition it receives from the students at a percentage of the tuition each semester.
- Students of other affiliates, graduates, and students enrolled under temporary agreement will be billed directly by the hospital at the rate and times stated in this policy. Payment is made by the individual student to Pennsylvania Hospital directly.
- If a student does not complete the program, refunds for tuition paid will be negotiated. Any subsequent tuition to the hospital will not be billed.
- If a student fails to pay tuition, the student will not be awarded a graduation certificate nor will grades be forwarded.

**TEXTBOOKS:**

Students are required to purchase their own textbooks. The books are made available from Dolbeys Medical Bookstore.

**CURRENT FEE SCHEDULE**

|         |             |  |
|---------|-------------|--|
| TUITION | \$13,000.00 | Biannual payments of \$6,500.00 are due at the beginning of each semester.<br><br><i>Penn State and King’s College students:<br/>Please note that your tuition is determined by your university and not Pennsylvania Hospital. Therefore, your tuition will differ from the total stated here.</i> |
|---------|-------------|--|

I acknowledge the tuition fee and will ensure all arrangements for payment will be completed timely..

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_