



Clinical Laboratory Scientist (CLS) Internship Program Application Form

Instructions: List your first and last name and deadline date in the file name when saving. (Example: JohnSmith_July2017.pdf) and submit form to sfsucls@sfsu.edu

Date of Application _____ Application For Class Starting: Fall ____ Spring ____ Year _____

Is this your: 1st time applying _____ 2nd time applying _____ 3rd time applying _____

Personal and Professional Information:

Name _____
Last First Middle

Current Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Telephone _____ Alternate Phone _____

Email _____

U.S. Citizenship: Yes _____ No _____ Permanent Resident: Yes _____ No _____ Visa type _____

Academic Information:

GPA of last 60 semester (or 90 quarter) units: _____ TOEFL Score: _____

List all junior colleges, colleges and universities noting dates attended and degrees received.

<u>School (Name and Location)</u>	<u>Dates attended</u>	<u>Degree</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Application Essay (Complete on next page):

San Francisco State University
CLS Internship Program Application Essay

Last name, First name, Middle initial

Date

Please write statement of interest in Clinical Laboratory Science (less than 1 page, double-spaced).

CLS Prerequisite Courses Form:

Please mail the CLS Prerequisite Courses form (see website for form).

Employment History:

List last three employment and /or volunteer positions.

1. _____
Employer Address

Job Title Duties

Dates Employed Reason for Leaving

2. _____
Employer Address

Job Title Duties

Dates Employed Reason for Leaving

3. _____
Employer Address

Job Title Duties

Dates Employed Reason for Leaving

References:

Please give the names, addresses and telephone numbers of science instructors or employers from whom letters of recommendation will be received. Recommendations from instructors of online courses will not be considered.

I certify that the foregoing responses I have given are true and correct, and that any falsification or intentional omission will be cause for non-acceptance into the CLS Internship Program. I authorize the CLS Internship Program to receive, photocopy and forward all documentation necessary for my admission into training, and I waive any right to access these documents after they are in the possession of the CLS Internship Program.

I understand that only completed application files will be reviewed and that applying does not guarantee admission into the CLS Internship Program.

Signature _____ **Date** _____