

**BRIDGING PROGRAM FOR MEDICAL LABORATORY TECHNOLOGY
APPLICATION FOR ADMISSION**

SECTION A. GENERAL INFORMATION (*Please provide any relevant documents*)

Title: Mr. Mrs. Miss Ms

Surname _____ First Name _____ Initial _____

SIN _____ - _____ - _____ Birthdate ___ / ___ / _____ Previous Surname _____

Address _____ Apt. # _____

City _____ Province _____ Postal Code _____

Telephone (Home) _____ Telephone (Business) _____

Email Address _____

Do you have a Mohawk College Student number? If yes, include it here _____

Status in Canada Canadian Citizen Landed Immigrant Student Authorization Refugee

SECTION B. EDUCATION (*List Secondary and Post Secondary Education / Please attach transcripts*)

Institution	Location	Dates		Program & Qualifications	Professional Registration
		From	To		

SECTION C. RELEVANT EMPLOYMENT (*List most recent first*)

Employer: _____ Job Title: _____

Department: _____ Dates From: _____ To: _____

Address: _____ # of Hours worked per week: _____

_____ Telephone & Ext.: _____

Employer: _____ Job Title: _____

Department: _____ Dates From: _____ To: _____

Address: _____ # of Hours worked per week: _____

_____ Telephone & Ext.: _____

Employer: _____ Job Title: _____

Department: _____ Dates From: _____ To: _____

Address: _____ # of Hours worked per week: _____

_____ Telephone & Ext.: _____

SECTION D. ASSESSMENT OF EDUCATION & EXPERIENCE

1. Have you had your credentials assessed by the International Credential Evaluation Service or World Education Services? Yes No If Yes, what were the results?

2. Have you had a prior learning assessment done by CSMLS? Yes No In Process

If Yes, please include a copy with this form.

Please attach to this application form copies of any and all Canadian status documents, education transcripts or educational assessment letters. Also, please include any documentation related to previous Medical Laboratory Technology work experience.

I certify that the information given to this application is true and complete. I understand that false information may invalidate my application.

Signature _____

Date _____