

**SUPPLEMENTAL  
UNDERGRADUATE APPLICATION FOR ADMISSION**  
University of Maryland School of Medicine  
Department of Medical and Research Technology  
100 Penn Street, Allied Health Building, Room 435  
Baltimore, Maryland 21201  
410-706-7664 Fax: 410-706-0073

**PLEASE COMPLETE THIS FILLABLE PDF DOCUMENT ELECTRONICALLY,  
THEN EMAIL IT TO:  
DMRTadmissions@som.umaryland.edu**

Full Legal Name: \_\_\_\_\_  
Last First Middle

Former name (if applicable): \_\_\_\_\_

Your Current Home Address: \_\_\_\_\_ Apartment # \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Your Permanent Home Address: \_\_\_\_\_  
(if different from present home address)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
MM/DD/YYYY City State Country

Gender:  Male  Female  Prefer not to answer

Are you a citizen of the United States?  Yes  No

Are you a permanent resident of the United States?  Yes  No

Alien Registration Number: \_\_\_\_\_ Issuance Date: \_\_\_\_\_  
MM/DD/YY

If No, Type of Visa: \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_  
MM/DD/YY

Term for which you are applying:  Spring \_\_\_\_\_  Fall \_\_\_\_\_

If you have applied previously to the DMRT, indicate year \_\_\_\_\_  
YYYY

The Department of Medical and Research Technology (DMRT) offers both full time (two years to complete program) and part-time admissions options to our Medical Laboratory Science (MLS) Program.

**Part-time admission options**

- **3 for 2 admissions option** – the junior year is completed in four semesters rather than two, the senior year is full-time for a total of three years to complete the program.
- **Spring admission option** – the junior year is completed in three semesters rather than two, the senior year is full time for a total of three years to complete the program.

I would like to apply for:

To which degree program are you applying?

**For MLT to MLS Bachelor of Science Program Students, please complete the following:**

Are you a certified Medical Laboratory Technician (MLT)?     Yes     No

MLT Certification # \_\_\_\_\_ Date of Certification \_\_\_\_\_ Agency \_\_\_\_\_

MLT Program \_\_\_\_\_

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

Date of Graduation: \_\_\_\_\_ Degree: \_\_\_\_\_  
MM/DD/YYYY

Number of years of work experience in the medical laboratory field: \_\_\_\_\_

Discipline area in which you now work

Specify Other: \_\_\_\_\_

For Categorical Certificate Program (non-degree) those individuals who have already earned a Bachelor of Science degree with a cumulative GPA of 3.0 or higher. *The Blood Banking Certificate requires one or more year(s) prior experience working in a Blood Bank to qualify for admission consideration.*

Please select the certificate program from the drop-down box provided:

**FOR ALL APPLICANTS**

Have you ever attended classes at any campus of the University of Maryland?

Yes       No

List **ALL** educational institutions [high school, colleges, universities, professional school(s)] which you have attended or are now attending, including the University of Maryland. **DO NOT omit any institution where you have been enrolled in credit-bearing coursework.** Failure to comply may result in dismissal from the University.

**EDUCATION**

Name and Location	Dates of Attendance MM/DD/YY – MM/DD/YY	Date of Graduation MM/DD/YYYY	Degree	Major
High School				
College				
College				
College				
College				

List your work experience/volunteer activities chronologically for the past two (2) years. Give exact dates and places of employment or volunteer activities. If you have not been employed during this period, please indicate such.

**RECENT WORK/VOLUNTEER EXPERIENCE**

<b>Employer</b>	<b>Location</b>	<b>Dates (MM/YY)</b>	<b>Full/Part-time</b>

**MILITARY SERVICE:**

- Active Duty     Reserves     National Guard     Veteran

List Dates of Service \_\_\_\_\_

- I plan to use Military Education Benefits

**EMERGENCY CONTACT:**

*(Parent, Spouse, or Nearest Living Relative)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home address \_\_\_\_\_

I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the University of Maryland if I am admitted as a student. I will notify the Office of Admissions, in writing, within fifteen (15) days, of any change affecting my application data.

\_\_\_\_\_  
Signature of Applicant (Electronic)

\_\_\_\_\_  
Date (MM/DD/YYYY)

The University of Maryland, and all its branches and divisions, subscribes to an equal educational opportunity for people of all races, creeds, and ethnic origins.

The University is required by federal regulatory agencies to supply admissions and enrollment information by racial, ethnic, and gender categories. Provision of the information is voluntary and will not be used to determine eligibility for admission.

Program, course availability and admission criteria are subject to change.

Applicants **must** complete the **APPLICATION FOR IN-STATE RESIDENCY**. Use N/A for any question that does not apply to your situation. The University reserves the right to request additional information if necessary. In the event the University discovers that a student has supplied false or misleading information, the University may bill retroactively to recover the difference between in-state and out-of-state tuition for all semesters involved. In the event students are misclassified, the University reserves the right to bill out-of-state rate for the current and subsequent semesters.

If you, your spouse and/or parent (legal guardian) are regular employees of the University of Maryland System and reside outside of Maryland, please attach a letter of verification from the Human Resources Office of the campus at which you, your spouse or parent (legal guardian) are employed.

**I have submitted the online Application for In-State Tuition Form**            YES        NO

**COURSES IN PROGRESS FORM**

**I have completed all prerequisite coursework**            YES        NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Signature (Electronic)                  MM/DD/YYYY

**If you have outstanding coursework, indicate all courses you are currently enrolled in or you expect to enroll for during the current academic year and return this form with your application packet.**

Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last                                  First                                  Middle                                  (MM/DD/YYYY)

College: \_\_\_\_\_

Term:     Fall                   Winter                   Spring                   Summer

Began (MM/DD/YYYY) \_\_\_\_\_ Ended (MM/DD/YYYY) \_\_\_\_\_

Course No.	Course Title	Credits in Semester or Quarter Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

College: \_\_\_\_\_

Term:    Fall             Winter             Spring             Summer

Began (MM/DD/YYYY) \_\_\_\_\_                      Ended (MM/DD/YYYY) \_\_\_\_\_

Course No.	Course Title	Credits in Semester or Quarter Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

---

College: \_\_\_\_\_

Term:    Fall              Winter              Spring              Summer

Began (MM/DD/YYYY) \_\_\_\_\_                      Ended (MM/DD/YYYY) \_\_\_\_\_

Course No.	Course Title	Credits in Semester or Quarter Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please notify the DMRT, in writing, when changes are made to the schedule submitted with your application.

### STATEMENT OF ACADEMIC GOALS

\_\_\_\_\_  
Last Name                                          First Name                                          Middle Initial

Date of Birth: \_\_\_\_\_  
                                         MM/DD/YYYY

In your own words, please discuss your academic goals as well as your reasons for entering the field of medical laboratory science. Include your strengths and weaknesses for managing a rigorous science-based curriculum. Compose this essay (no longer than two pages double spaced) using Microsoft Word and attach it as a separate document to your application email addressed to [DMRTadmissions@som.umaryland.edu](mailto:DMRTadmissions@som.umaryland.edu)