

IVY TECH COMMUNITY COLLEGE

MEDICAL LABORATORY TECHNOLOGY PROGRAM APPLICATION INSTRUCTIONS

_____1. If you are not currently an Ivy Tech student, complete an application for admission to Ivy Tech Community College of Indiana. For information, contact the office of Admissions at (812)246-3301.

_____2. If you have previously attended any other college, send OFFICIAL copies of your transcript to the registrar to evaluate possible transfer credits.

_____3. Attend an information session or a meeting with an MLT advisor. Have the advisor initial and date the application.

_____4. Submit this application packet to Betsy Boyd in B1 by **May 1** of the application year.

_____ a. applicant information sheet (attached)

_____ b. copies of all college transcripts. This includes Ivy Tech and any other colleges you have attended. Note: transcripts submitted to the MLT program may be unofficial, however, copies submitted to the registrar for transfer credit must be official.

_____ c. a typed list of all current courses.

_____ d. the application should be submitted in the envelope available outside Betsy Boyd's office, B1. Applications in other envelopes may be confused with other Health Science Applications.

If the application date falls on a Saturday or Sunday, the application will be due the Monday immediately following the application date listed.

It is your responsibility to ensure that the entire packet is submitted in its entirety by the deadline of May 1. Applications may be accepted after the deadline, but those students will only be considered for admission if there are available spots in the program.

Do not contact the MLT office to inquire on the status of your application after the deadline. You will be notified by mail of your status. All students will get a letter in the mail regarding acceptance status.

Please read the overview and application handbook for further details.

Application packet may be returned in person to Betsy Boyd, B1 or mailed to:

Ivy Tech Community College Southern Indiana

8204 Highway 311

Sellersburg, IN 47172

Attention: Betsy Boyd

MEDL PROGRAM ADMISSION APPLICATION

Last Name: _____ First Name _____ MI _____

Maiden Name: _____ Student ID# _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____ () _____

GENERAL EDUCATION COURSES

To be completed by student:

For Office Use Only:

COURSE	WHEN TAKEN	WHERE TAKEN	GRADE	POINTS
APHY 101				
APHY 102 or BIOL 201				
PSYC 101 OR SOC 111				
ENGL 111				
COMM 101 OR COMM 102				
MATH 1XX				
CHEM 101 OR CHEM 111				
IVYT 1XX				
HLHS 105				
Total Points				

Date Application Received _____

Applicant Response: Accepts: _____ Declines: _____