

**University of North Dakota-Mayo Clinic
Clinical Laboratory Science (CLS) Cohort Program
Application Form**

Contact information

Last Name:

First Name:

Home Street Address:

City:

State:

Zip Code:

E-mail Address:

Home Phone Number:

Cell#:

CLS Cohort Program Eligibility

I am employed by the Mayo Clinic Department of Laboratory Medicine and Pathology(DLMP)

Yes Work area:

Location:

Work phone:

No

I have the consent of my departmental supervisor to participate in the CLS Cohort Program

Yes Supervisor name:

No

****If you checked "No" for either of the above questions, you may not be eligible for the CLS Cohort Program*

Anticipated Semester Starting Date

Summer

Spring

Fall

Year: _____

Education

4+1 Program (I have a bachelor's degree)

MLT/CLT **Certified Yes No, ** ≥ 3 Years Generalist Experience Yes No

2+2 Program (I do not have a bachelor's degree or MLT/CLT certification)

Name of college or university previously attended:

Degree Earned:

Year:

GPA:

Name of college or university previously attended:

Degree Earned:

Year:

GPA:

Name of college or university previously attended:

Degree Earned:

Year:

GPA:

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