

**Florida Community College at Jacksonville  
North Campus – 4501 Capper Rd. Jacksonville, FL 32218-4499**

**Application for Admission To Medical Laboratory Technology Program**

Name:

Date of Birth:

SSN:

Phone Number Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

What term are you entering?

Current Address:

City:

State:

Zip:

Country of Citizenship:

Birthplace

**Emergency Contact**

Name:

Address:

City:

State:

Relationship:

**Previous Education**

High School (Name):

City & State:

Graduation Date:

GPA

**Or GED**

Issuing agency:

City:

State:

Score:

**Colleges or other Training Institutions Attended  
(sequential order please)**

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Name of Institution	Dates From/To	Major Or Degree	GPA	Hrs Earned

Were you in the Armed Forces?	Yes or No:	Branch
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In High School did you take? Chemistry	Algebra II	Adv. Biology
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Do you have allergies? If so please list

Are you color blind? Yes or No

Have you been judged mentally or physically incompetent?

Have you ever been convicted of a felony or a crime involving moral turpitude?

**\*Important: A copy of High School Diploma. Transcripts or GED Certificate must be submitted to the MLT office:**

**Please mail completed application to:**

**Medical Laboratory Technology  
Florida Community College of Jacksonville  
North Campus - Room A224  
4501 Capper Road  
Jacksonville, FL 32218**