

**APPLICATION FOR ADMISSION  
TO THE  
MEDICAL TECHNOLOGY PROGRAM**  
*An Undergraduate Curriculum in the  
Department of Laboratory Medicine,  
School of Medicine, University of Washington*

2010

**APPLICATION PROCEDURE**

All application materials must be sent to the Medical Technology Office, Department of Laboratory Medicine, and must be postmarked by **February 15** of the year in which the applicant plans to enroll.

The materials to be submitted are:

1. Completed application form; Including Personal Essay/Statement.
2. Official transcripts of **all** college courses. Winter quarter or fall semester grades of the current academic year should be sent as soon as available.
3. Three professional or academic evaluations to be completed, for example, by college instructors, teaching assistants, supervisors, etc., preferably in science fields.
4. Signed Essential Requirements signature sheet.
5. Washington State Patrol Criminal History and Self Disclosure forms, completed and signed.

This material is to be sent directly to:

Division of Medical Technology  
Department of Laboratory Medicine  
University of Washington Medical Center, NW120  
Box 357110  
Seattle, WA 98195-7110

**Please note:** additional, separate application for admission to the University of Washington is required for students not currently enrolled in the University. Information regarding admission can be obtained from:

Office of Admissions  
320 Schmitz Hall  
University of Washington  
Box 355840  
Seattle, WA 98195-5840  
(206)543-9686

Send email via the Admissions website at [www.washington.edu/admissions/html](http://www.washington.edu/admissions/html)

The Medical Technology Brochure is available from the Department of Laboratory Medicine Office (address above) or from:

Undergraduate Advising  
The Gateway Center  
171 Mary Gates Hall  
University of Washington  
Box 352805  
Seattle, WA 98195-2805

The University of Washington reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran in accordance with University policy and applicable federal and state statutes and regulations. The University of Washington is committed to providing access and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. To request disability accommodation in the application process, contact the department at 206.598.6131 or the Disability Services Office at least ten days in advance at 206.543.6452/TTY, 206.685.7264 (FAX), or e-mail at [dso@u.washington.edu](mailto:dso@u.washington.edu). (8/03)



Name \_\_\_\_\_

*The following information is requested for statistical purposes only. It will not be used in admission decisions. Completion of this information is voluntary; a decision not to provide this information will not result in any adverse treatment of your application.*

Gender:  Female  Male

Date of birth: \_\_\_\_\_

Citizenship Status:  U.S. Citizen  Permanent Resident  International Student

What race(s) do you consider yourself? Check all that apply.

- Black/African American
- White/Caucasian (including Middle Eastern)
- American Indian/Alaska Native
- Other (Please specify)

\_\_\_\_\_

- Asian Indian

- Japanese

- Chinese

- Korean

- Filipino

- Vietnamese

- Hawaiian

- Guamanian

- Samoan

- Other Pacific Islander (specify)

\_\_\_\_\_

- Chicano/Mexican American

- Puerto Rican

- Other Hispanic/Latino (specify one group, e.g., Argentinian, Colombian, Cuban, Nicaraguan, Salvadoran, etc.)

\_\_\_\_\_

**II. Education Background**

1. Have you previously applied for admission to this program? \_\_\_\_\_  
If yes, when? \_\_\_\_\_
2. How, or where, did you hear about the Medical Technology program? \_\_\_\_\_  
\_\_\_\_\_

3. Complete the following, starting with the most recent:

Colleges attended	Dates of attendance	Major field of study	Degree received	Year degree received

**III. Pre-program Course Requirements**

Please refer to the Medical Technology Brochure for additional information regarding Language, Writing, Reasoning, and Areas of Knowledge requirements for this major.

**Language Writing and Reasoning Requirements**

If the applicant entered college in autumn, 1994, or later, s/he must complete 5 credits of English composition plus two additional writing-intensive courses for a minimum total of 7 credits; and 5 credits of Reasoning Skills coursework.

**English as a Second Language (ESL) Requirement**

If you anticipate having to take any ESL classes after beginning the Medical Technology Program, contact the Program advisor at [medtech@u.washington.edu](mailto:medtech@u.washington.edu).

**Areas of Knowledge Requirements**

If the applicant entered college in autumn, 1994, or later, s/he must complete a minimum of 10 credits each in Individuals and Societies, and Visual, Literary and Performing Arts courses. Additionally, 37 credits must be completed in Natural World courses.

**Specific Program Requirements**

Specific Program requirements in Chemistry, Statistics/Mathematics, Biology/Zoology are listed in the Medical Technology Brochure, pages 4-6. These courses satisfy the Reasoning Skills and Natural World requirements.

Have you completed these requirements?       Yes       No

Students who entered college prior to autumn, 1994, may have different requirements. Please list when you first enrolled in college: \_\_\_\_\_. If you are planning to transfer to the University of Washington, please indicate when this will occur and how many credits you will have completed.

Transferring \_\_\_\_\_ Quarter, 20 \_\_\_\_\_, with \_\_\_\_\_ credits completed.

Currently enrolled UW students may contact the Undergraduate Advising in The Gateway Center if there is a need for further information. Students attending other institutions should direct their questions to the Medical Technology Program.



**IV. Work History**

1. Complete the following, listing pertinent work since high school graduation, beginning with the most recent.

Employer	Type of Work	Dates of employment:		Average number of hrs/week
		From	To	

2. Complete the following, listing pertinent volunteer service since high school, beginning with the most recent.

Type of Service	Place of Service	Dates:		Average number of hrs/week
		From	To	

**V. Career and Personal Goals**

Please complete and attach a separate page with a 500-word, type-written essay addressing your career and personal goals. Include in your discussion how and why you became interested in Medical Technology, including experiences which may have influenced you, and the attributes you possess which will contribute to your success as a Medical Technologist. You may include any additional information which is relevant to your application.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

Please complete the following as indicated.

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State  
and Zip Code \_\_\_\_\_

The following items are to be provided by the applicant: (See "Application Procedure" on cover page.)

1. Application form  
-Including Personal Essay
2. Official Transcripts are to be sent from **all** colleges attended, including the UW. Please list schools below. This list should match the list on p. 2 of this application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Evaluations are being sent by (names only):

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

4. Signed Essential Requirements sheet:

5. Signed WA State Patrol Criminal History Information and Self Disclosure forms:

**DO NOT WRITE IN THIS SPACE. FOR OFFICE USE ONLY.**

Application materials are incomplete.  
Please see below for explanation.

Date \_\_\_\_\_

Received	Not Received	Require addition of fall semester or winter quarter grades
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Application materials are complete.  
Date: \_\_\_\_\_