

Official transcript(s) must be provided with this application.

First & Last Name (Legal): _____

Date of Birth (DD/MM/YY): _____ **Gender:** _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

You will not receive written correspondence regarding this application. Please check your slc.me portal for updates.

Campus	Program Code	Program Name	Entry Level	Start Date
Kingston	0134	Medical Laboratory Science	3	Fall 2025

FOR INTERNAL USE BELOW:

Coordinator: Is applicant qualified for the Entry Level/Semester requested?

- YES, the applicant is qualified based on continuance policy.**

Is there space available? Yes – send offer now **OR** No – place on waitlist

Conditions - List only courses **currently in progress** which must be completed **prior** to entering the level/semester indicated. If the applicant is not currently enrolled in the courses they require, then the applicant is not qualified.

Custom timetable required? Yes **OR** No

- NO, the applicant is not qualified** (state reasons and/or suggestions).

Coordinator/Designate Name for Approval: _____

Date: _____ **Signature:** _____