

## 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
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**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: \_\_\_\_\_

Freedom of Information The information contained on this form, and other documents and materials used to support the admission process is collected for the purpose of making admission decisions and for the administrative and statistical purposes of the College, the Ministry of Education and Training and the Ministry of Skills Development. This information is collected and used under the authority of the Ontario Colleges of Applied Arts and Technology Act, R.S.O. 2002, and regulations thereunder.