



**HOWARD  
UNIVERSITY**

# **Howard University**

## **Division of Allied Health Sciences**

### **Upper Division (Professional Phase)**

# **CLINICAL LABORATORY SCIENCE PROGRAM APPLICATION**

**In addition to this document TRANSFER STUDENTS must complete an application to Howard University by using the Common Application available at:**

<https://www2.howard.edu/admission/undergraduate/adm-process>

**Submit this application by mail to:**

**Howard University  
Department of Clinical Laboratory Science  
c/o Howard University Hospital  
Tower Bldg., 6th Floor  
Washington, DC 20059**

**or by e-mail to:**

[\*\*mneita@howard.edu\*\*](mailto:mneita@howard.edu)

**The deadline for receipt of Upper Division Applications is:**

**April 1.**

The Program is fully accredited by the:  
National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)  
8410 W. Bryn Mawr Ave. Suite 670  
Chicago, Illinois 60631-3415

# Admission Application for Upper Division Clinical Laboratory Science Program

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<p>Name _____ [ ] Male [ ] Female <i>Last First Mi</i></p> <p>Date of birth _____ Citizenship _____ HUID# _____</p> <p>Birthplace _____ <i>City/State/Country</i></p>
<p>Racial Origin/ Ethnic Group (optional) _____</p> <p>Present Address _____ <i>Street Address</i></p> <p style="text-align: center;"><i>City/State Zip code</i></p> <p>Telephone Number _____ <i>Home Work</i></p> <p><i>e-mail address(Please print clearly)</i> _____</p>
<p>Years at Howard _____ College _____ Major _____</p> <p>_____</p>

# Admission Application for Upper Division Clinical Laboratory Science Program

## **Other Colleges/Universities Attended (Use additional sheets if needed)**

<i>College/University</i>	<i>City/State</i>	<i>Major</i>	<i>Dates of Attendance</i>	<i>Degree</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## **Health Care /Work Experience (Use additional sheets if needed)**

<i>Official Position</i>	<i>Employer/Institution</i>	<i>Dates</i>	
		<i>From</i>	<i>To</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please print the name, title, and organization of persons from whom you have requested letters of recommendation**

<i>Name:</i> _____	<i>Title:</i> _____
<i>Organization</i> _____	
<i>Name:</i> _____	<i>Title:</i> _____
<i>Organization</i> _____	
<i>Name:</i> _____	<i>Title:</i> _____
<i>Organization</i> _____	

# Admission Application for Upper Division Clinical Laboratory Science Program

## Prerequisite Course Checklist

Prerequisite Courses	Credit Hours (CH)	Grade	Grade Point Value	Indicate: Sem\Year (1) = Taken (2) = In-Progress (3) = Plan to take	Where Taken (School)
<b>Science Courses</b> <b>35 Credits</b>					
College Algebra or Pre-Calculus or Calculus	3				
Intro to Statistics	4				
College Chemistry I (Gen. Chem.)	4				
College Chemistry I Lab.	1				
College Chemistry II (Gen. Chem.)	4				
College Chemistry II Lab.	1				
Biology I w/Lab	4				
Biology II w/Lab	4				
Genetics or Cell Biology	4				
General Physiology	4				
Basic Clin. Lab. Skills	2				
<b>Non-Science Courses</b> <b>23 Credits</b>					
Intro to Clin. Lab. Science	2				
Freshmen English I	3				
Freshmen English II	3				
Behavioral Science Elective (Psychology or Sociology)	3				
General Elective	3				
Afro-American Studies	3				
* Physical Education I	1				
* Physical Education II	1				
General Orientation	2				
Medical Terminology	2				

*Courses designated CLLS can ONLY be completed at Howard University*

*\* Not required if older than 27 years at time of admission to Howard University.*

*\*\* Not required for transfers from Colleges and Universities.*

Course Number	Credits (C)	Grade	Grade Yield Points (G)	Grade Point Value (CxG)
1	3	A	4	3 x 4 = 12
2	3	B	3	3 x 3 = 9
3	2	B	3	2 x 3 = 6
4	1	C	2	1 x 2 = 2
5	4	D	1	4 x 1 = 4
<b>Totals</b>	<b>13</b>			<b>33</b>

**GPA = Total Grade Point Value ÷ Total Credits**

**Example: 2.54 = 33 ÷ 13**

# Admission Application for Upper Division Clinical Laboratory Science Program

## Required Application Checklist for Upper Division

Use this checklist as a guide to complete your application. When completed, return the application and the items below by email to [mneita@howard.edu](mailto:mneita@howard.edu) or by mail to *Department of Clinical Laboratory Science, c/o Howard Univ. Hospital, Towers Bldg., 6<sup>th</sup> floor, Washington D. C 20059*

	<u>YES</u>	<u>NO</u>
1. D/AHS Professional Program Application (typed/printed):	[ ]	[ ]
2. Currently enrolled at Howard University:	[ ]	[ ]
<i>OR</i>		
3. Submitted an application to Howard University:	[ ]	[ ]
4. Personal Statement (500-750 words; size 12 font; typed and double spaced):	[ ]	[ ]
5. Two letters of professional recommendation: (Typed, on official letterhead or form, in sealed, signed envelopes or directly from institutional email )	[ ]	[ ]
6. Official transcripts be submitted from all colleges/ universities attended: (MUST be submitted in sealed, stamped envelopes)	[ ]	[ ]
7. All prerequisites must be completed by the end of summer session II:	[ ]	[ ]
8. Prerequisite grade point average [GPA] (minimum 2.5)	[ ]	[ ]
9. Overall Cumulative grade point average[GPA] (minimum 2.5):	[ ]	[ ]
10. Science grade point average [GPA] (minimum 2.5):	[ ]	[ ]

Have you at any time in your college experience/career been on probation, suspended, disbarred, dishonorably discharged, license to practice suspended/revoked for any reason? Yes [ ] No [ ]  
(If yes, attach an explanation)

Have you at any time been convicted of a felony offense? Yes [ ] No [ ] (If yes, attach an explanation)

### Equal Opportunity Policy

*Howard University is committed to equal opportunity and treatment in all aspects of its relations with faculty, students and staff members, without regard to race, color, national origin, sex, marital status, religion, age or handicap. The requirement not to discriminate in education programs and activities extends to employment and to admission.*

*Direct inquiries regarding accessibility for handicapped persons, equal opportunity and Title IX to the Office of the Assistant Vice President for Human Resource Management at (202) 506-5770.*

**I do hereby certify that the information given in this application is true to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date