



**Saint Vincent  
Hospital**

Saint Vincent Hospital  
232 West 25 Street  
Erie, PA 16544  
Tel 814.452.5000

## School of Medical Laboratory Science

### Application for Admission

Name \_\_\_\_\_  
Last First Middle

Permanent Address \_\_\_\_\_  
Street City

State Zip code Phone Number

Present Address \_\_\_\_\_  
Street City

State Zip code Phone Number Email

Name of Parents or Guardian \_\_\_\_\_

Street City

State Zip code Phone Number

College \_\_\_\_\_  
Name Years Attended Degree



Saint Vincent Hospital  
232 West 25 Street  
Erie, PA 16544  
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Other training or experience \_\_\_\_\_

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**Letters of Recommendation**

(Please include at least two college science professors – contact references to send letters directly to the School)

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Name	Institution
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Name	Institution
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Name	Institution
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Please include a written statement of why you wish to be a Medical Laboratory Scientist, a copy of your official academic transcript(s), plus a Written Statement describing your interest in the major of Medical Laboratory Science.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Send to: AHN Saint Vincent Hospital  
School of Medical Laboratory Science  
232 West 25<sup>th</sup> Street  
Erie, Pennsylvania 16544  
(814) 452-5365**