



**SCHOOL OF MEDICAL TECHNOLOGY  
MONMOUTH MEDICAL CENTER**

**APPLICATION FOR ADMISSION**

1. Applying for admission to session beginning \_\_\_\_\_
2. Name \_\_\_\_\_  
(Last, First, Middle)
3. Legal address \_\_\_\_\_  
(City, State, Zip Code)  
Telephone Number \_\_\_\_\_
4. Mailing Address \_\_\_\_\_  
(Current) (Number & Street, Apartment No., or P.O. Box No.)  
\_\_\_\_\_
5. Social Security No. \_\_\_\_\_
6. Are you a U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No  
If no, do you have a permanent visa? \_\_\_\_ Yes \_\_\_\_ No Visa # \_\_\_\_\_
7. Parent or Guardian: Name \_\_\_\_\_  
Address \_\_\_\_\_
8. Secondary School
  - a) Graduate from: Name of School \_\_\_\_\_  
Location \_\_\_\_\_  
(City & State)  
Date of Graduation \_\_\_\_\_
  - b) Other Schools Attended: Name \_\_\_\_\_  
Location \_\_\_\_\_
  - c) Extracurricular Activities \_\_\_\_\_
  - d) Honors, Awards & Distinctions \_\_\_\_\_
9. Colleges: (List all Colleges and Universities Attended: last one first)
  - a) Years of College Completed \_\_\_\_\_  
Degree \_\_\_\_\_  
Degree Date \_\_\_\_\_
  - b)
 

Name of College	Location	Dates of Attendance
		From ---- To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
  - c) Extracurricular Activities \_\_\_\_\_  
\_\_\_\_\_

d) Honors, Awards & Distinctions \_\_\_\_\_

10. Has your college education been interrupted? \_\_\_\_ Yes \_\_\_\_ No  
If yes, explain \_\_\_\_\_

11. If you are not presently enrolled in any school or college, please state your present activity or plans \_\_\_\_\_

12. Are you an applicant for a local, state or federal scholarship loan? \_\_\_\_ Yes \_\_\_\_ No  
If yes, which one? \_\_\_\_\_ Amount \_\_\_\_\_

13. Employment Record: (List last three employers; last one first)  
Name & Address Title of Position Type of Work Date Employed  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Have you had any previous laboratory or hospital experience? \_\_\_\_ Yes \_\_\_\_ No  
If yes, explain \_\_\_\_\_

15. Have you ever been convicted for any violations other than minor traffic violations?  
Yes \_\_\_\_ No \_\_\_\_  
If yes, explain \_\_\_\_\_

16. References: List three references, including one biology and one chemistry instructor.  
Name Location Official Position  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. In your handwriting, submit a brief statement of your interest in Medical Technology.

NOTE: No person is discriminated against in employment, placement, promotion or any Other personnel action because of religion, race, sex, citizenship, national origin, Marital status, liability for service in the armed forces, age or handicap.

I hereby apply to Monmouth Medical Center School of Medical Technology and certify that the above statements are true to the best of my knowledge. If accepted, I agree to comply with and be governed by all rules and regulations of the School.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



**SCHOOL OF MEDICAL TECHNOLOGY  
COURSE SUMMARY FORM**

Name \_\_\_\_\_  
 Name of College Attending \_\_\_\_\_  
 Address of College \_\_\_\_\_  
 Applying for Session Beginning \_\_\_\_\_ Date \_\_\_\_\_

**Listing of Current and Planned Academic Program**

Please list all courses you are currently enrolled in or plan to complete prior to enrolling at the Monmouth Medical Center School of Medical Technology. Indicate with an asterisk (\*) the courses you plan on taking, and note where courses will be taken, if other than the institution in which you are currently enrolled.

Department	Course	Credit Value	Expected Date of Completion
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total number of credits earned so far \_\_\_\_\_



**MEDICAL TECHNOLOGY PROGRAM APPLICATION  
REFERENCE PAGE #1**

\_\_\_\_\_ has applied to our Medical Technology Program. In order to facilitate our decision for his/her acceptance, please fill out this form and return it to me at the above address. Thank you.

\_\_\_\_\_  
John A. Mihok, MT, SM (ASCP) CLS  
Program Director

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**Applicant Rating Form**

Your Name \_\_\_\_\_ Position \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

In what capacity: \_\_\_\_\_

Please rate applicant in comparison to all other students you have known:

	Exceptional Top 5%	Outstanding Top 10%	Above Average (Top Quarter)	Average (Second Quarter)	Below Average (Bottom Half)
Intellectual ability					
Ability to work with others					
Maturity					
Self-confidence					
Manual dexterity					
Organizing ability					
Accuracy					
Reliability					
Personal appearance					
Communication skills					
Ability to analyze and solve problems					

Additional Comments: (Would you recommend him/her for the profession of Medical Technology?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature



**MEDICAL TECHNOLOGY PROGRAM APPLICATION  
REFERENCE PAGE #2**

\_\_\_\_\_ has applied to our Medical Technology Program. In order to facilitate our decision for his/her acceptance, please fill out this form and return it to me at the above address. Thank you.

\_\_\_\_\_  
John A. Mihok, MT, SM (ASCP) CLS  
Program Director

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**Applicant Rating Form**

Your Name \_\_\_\_\_ Position \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

In what capacity: \_\_\_\_\_

Please rate applicant in comparison to all other students you have known:

	Exceptional Top 5%	Outstanding Top 10%	Above Average (Top Quarter)	Average (Second Quarter)	Below Average (Bottom Half)
Intellectual ability					
Ability to work with others					
Maturity					
Self-confidence					
Manual dexterity					
Organizing ability					
Accuracy					
Reliability					
Personal appearance					
Communication skills					
Ability to analyze and solve problems					

Additional Comments: (Would you recommend him/her for the profession of Medical Technology?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature



**MEDICAL TECHNOLOGY PROGRAM APPLICATION  
REFERENCE PAGE #3**

\_\_\_\_\_ has applied to our Medical Technology Program. In order to facilitate our decision for his/her acceptance, please fill out this form and return it to me at the above address. Thank you.

\_\_\_\_\_  
John A. Mihok, MT, SM (ASCP) CLS  
Program Director

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**Applicant Rating Form**

Your Name \_\_\_\_\_ Position \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

In what capacity: \_\_\_\_\_

Please rate applicant in comparison to all other students you have known:

	Exceptional Top 5%	Outstanding Top 10%	Above Average (Top Quarter)	Average (Second Quarter)	Below Average (Bottom Half)
Intellectual ability					
Ability to work with others					
Maturity					
Self-confidence					
Manual dexterity					
Organizing ability					
Accuracy					
Reliability					
Personal appearance					
Communication skills					
Ability to analyze and solve problems					

Additional Comments: (Would you recommend him/her for the profession of Medical Technology?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature