



College of Health Sciences
BioMedical Sciences Department

PUBLIC HEALTH MICROBIOLOGY APPLICATION for PROFESSIONAL STUDIES

NAME _____
Last First Middle/Maiden

UWM STUDENT ID # _____ LAST 4 DIGITS of SOCIAL SECURITY #: _____
(or entire passport # is no SS#)

DATE of BIRTH: _____

UWM E-Mail: _____ PHONE # () _____

ADDRESS _____
Number & Street City State Zip

HOME ADDRESS _____
(if different from above)

EDUCATION: Name of School Location Dates Attended Yr. Graduated

UNIVERSITY _____

JR. COLLEGE/TECHNICAL SCHOOL _____

HIGH SCHOOL _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

NAME _____
Last First

ADDRESS _____
Street City State Zip

PHONE () _____

EMPLOYMENT HISTORY:

<u>Employer</u>	<u>Position Held</u>	<u>Dates Employed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any previous clinical lab experience? _____ If yes, where? _____

What capacity? _____ When? _____

I acknowledge that the information I have supplied in this application is correct and understand that any falsification of information on this form may be cause for rejection as an applicant. I understand that this application is not legally binding on me in any way, that I am not obligated to enroll in the clinical program to which I may be assigned and that after enrollment as a student I have the right to withdraw voluntarily from the program for personal reasons.

I also understand that, if accepted, and enrolled as a student, I shall be subject to dismissal from the program for poor scholastic and/or technical performance, criminal acts or proved charges of unprofessional conduct. I further understand that acceptance by the clinical affiliate site will require me to obey all regulations affecting personnel within the clinical laboratory.

I have read the Essential Functions (non-academic requirements) and understand them. Any questions that I have concerning these Essential Functions and how they apply to me have been answered by the Program Director to my satisfaction. It is my belief that I can satisfy each of the Essential Functions based on my existing skills and abilities, or through the use of corrective devices.

Signature of Applicant Date