COLLEGE OF PROFESSIONAL & GLOBAL EDUCATION
5151 STATE UNIVERSITY DRIVE | LOS ANGELES, CA 90032-8619

Clinical Laboratory Scientist Training Program

Last Name, First Name, Middle Initial _____ Date _____

Course work: (all coursework in math and science must be included)
In the chart below, list all of the courses that you have taken in the disciplines of **science and mathematics.** Other than the required core courses, which are listed first in the table below, please group the courses by the school at which they were taken and list them **chronologically**, starting with the most recent. Please indicate the institution in which the course was taken and if the course was a **semester (Sm)** or **quarter (Qtr) i**n length. Indicate the year in which it was taken; if it was **lecture (Lec), laboratory (Lab)** or, **seminar (Sem);** the units; and grade. If the course is in progress (Prog), or planned (Plan), please indicate that. Attach additional pages, as needed. **An official transcript that lists all completed courses from each university or college attended must be sent to admissions. If your transcripts are from a foreign university or college**, you must submit them for professional evaluation through the **International Education Research Foundation (IERF)**. Your application will not be processed until a professional evaluation has been performed and submitted to Admissions.

Course Name (not number)	Institution Name	Sm	Qtr	Year	Lec	Lab	Sem	Units	Grade	In progress or planned
Hematology:										
Immunology:										
Medical Microbiology:										
Clinical Chemistry:										
Biochemistry:										
Analytical Chemistry ☐ **(Quantitative Analysis):** ☐										
Physics:										
Statistics:										
Math:										

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