Degree Confirmation

If you have not obtained a baccalaureate degree prior to entering the clinical year, you ***must*** request the Registrar of your University/College to submit a written confirmation (see below) to the MLS program that you will be eligible to receive a degree upon successful completion of the clinical education coursework.

To be completed by the non-degreed applicant:

Name: _____ SSN/Student ID#: _____
Address: _____ Phone: _____
_____

University/College: _____

Required Courses in Progress
Semester _____ Year _____
_____
_____
_____
_____

Required Courses Planned
Semester _____ Year _____
_____
_____
_____
_____

To be completed by the University/College:

This certifies that _____ will be eligible to
Name of Student
receive a Baccalaureate Degree from _____ upon
University/College
successful completion of the required courses (as identified above) and the clinical education coursework at Mercy Hospital Joplin's Medical Laboratory Science Program in Joplin, MO.

_____ _____
Signature of Registrar *Date*

University/College
Official Seal

Please mail the completed form to:

Karen Adkins, MA Ed., MT(ASCP)
School of Medical Laboratory Science
Mercy Hospital Joplin
100 Mercy Way
Joplin, MO 64804
Office 417-556-2135
Fax 417-556-2907
E-mail Karen.Adkins@mercy.net

For MLS Program Use Only: Date Received _____