



Changing What's Possible

MUSC Initial Application for Histotechnology Training

Applicant Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email: _____

Education History

College/University _____

Years Attended _____

Degree Awarded: _____ GPA _____

College/University _____

Years Attended _____

Degree Awarded: _____ GPA _____

College/University _____

Years Attended _____

Degree Awarded: _____ GPA _____

This document is used to assess your academic preparedness for the histotechnology training program, and does not constitute acceptance into the UND HT Program or acceptance by MUSC as a clinical site for histology training. All information will be verified by the UND HT program. You may also wish to submit an unofficial transcript for review by the MUSC Education Coordinator.

To submit this form, please save to your hard drive or another external device and send by email to [Karen Pregnaill](#).

Laboratory Experience

Briefly, describe any current or recent experiences in a clinical laboratory setting.

How did you become interested in histotechnology?

Have you had an opportunity to job shadow or observe in a histology laboratory?