

CLINICAL LABORATORY SCIENCE
YOUNG SCHOLAR PROGRAM
TERM 3 REGISTRATION FORM



PLEASE PRINT CLEARLY

Personal Information

Full name: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

_____ City State Zip Code

Home phone: _____ Alternate Phone: _____

Email address (*IMPORTANT - must be legible and one you check often*): _____

Social security number (*full # required*): _____ Date of Birth _____

Ethnicity: ___ U.S. citizen ___ Permanent resident ___ Other _____ Gender: ___ Male ___ Female

Have you applied to Marquette University: Yes _____ No _____ Plan to _____

Emergency Contact Information

Full name: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

_____ City State Zip Code

Primary phone: _____

Alternate phone: _____

Relationship: _____

High School Information

High school name: _____

Address: _____
Street Address

_____ City State Zip Code

High school ETS code: _____

Graduation date: _____

Student signature (required): _____