

CLINICAL LABORATORY SCIENCE  
**YOUNG SCHOLAR PROGRAM**  
**TERM 3 REGISTRATION FORM**



**MARQUETTE**  
UNIVERSITY

College of Health Sciences  
Clinical Laboratory Science

PLEASE PRINT CLEARLY

If financial assistance is needed, please contact the Department Chair  
april.harkins@marquette.edu

**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 \_\_\_\_\_

Please check one or more of the following groups in which you consider yourself to be a member: Gender: ☐ Male ☐ Female

☐ American Indian or Alaska Native

☐ Hispanic or Latino

☐ Asian

☐ Native Hawaiian or Other Pacific

☐ Black or African American

☐ White

Have you applied to Marquette University: Yes \_\_\_\_\_ No \_\_\_\_\_

**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):** \_\_\_\_\_