



INSTRUCTIONS FOR YOUR APPLICATION

1. OFFICIAL TRANSCRIPTS

- Official transcripts from EACH post-secondary institution you have attended are required.
- Use the “Transcript Request Form” or send your own request to the registrar of each institution.
- Final transcripts showing completion of work-in-progress and/or degree awarded must ALSO be sent and must be received no later than the beginning of the program. The sooner the better.

2. APPRAISAL/REFERENCE FORMS

- You are responsible for contacting your appraisers.
- Confidential Appraisal/Reference Forms are provided. Print the names of the appraisers on the forms. Print your own name, sign if you waive your rights, and print your appraiser’s name on the form.
- Appraisals are usually provided by major advisors, professors, or employers. These people have busy schedules; contact them EARLY.

3. STATEMENT OF PURPOSE

This statement should be a concise, well-written essay about your background and reasons for pursuing a Post Bachelor’s certificate in histotechnology. It should make three points. First, you should give information about your academic background as it pertains to your professional goals, any obstacles you felt you have had to overcome, and the motivating influences that stimulated interest in your desire to pursue histotechnology as a professional career. Second, discuss your learning strengths and weaknesses and educational philosophy about the teacher – student relationship. Finally, discuss your other attributes which make you a qualified candidate for acceptance. Centered at the top of the statement, place the following: Statement of Purpose by (your name in bold) submitted as part of the Application to the MUSC Medical Center Histotechnology Program, (Date in month, day, year). You may use several lines for the heading.

4. PHYSICAL FUNCTION REQUIREMENTS

There are physical (technical) standards such as manual dexterity, hearing, fine motor skills, mobility, vision, and communication that are required for completion of the program. The standards are basic and essential requirements that may also be necessary to be able to obtain employment in the field of histotechnology. Applicants are required to read the “MUSC Medical Center Physical Requirements” document and sign a confirmation form stating that they meet these requirements.

5. INFORMATION UPDATES

- Notify the Histotechnology Program office immediately of any change in your:
 - a) permanent mailing or email address
 - b) legal name change
 - c) telephone number
 - d) courses-in-progress
 - e) courses-to-be-taken

The applicant is advised to keep copies of all material sent to the Histotechnology Program office. All original application materials submitted become the property of the Program and cannot be returned to an applicant, cannot be copied for an applicant, and cannot be forwarded to any other institution on behalf of the applicant.



Transcript Request Form

Name _____ SSN _____
Last First Middle Initial

Current address _____

College or University Name _____

Dates of enrollment _____

I authorize the release of a transcript of my academic record to the Medical University of South Carolina Medical Center Histotechnology Program.

Signature _____ Date _____

Registrar:

This person is applying for admission to the Histotechnology Program at the Medical University of South Carolina Medical Center. Please enclose this form along with an official copy of the applicant's transcript in an official university envelope addressed to the office below.

Be sure to include instructions on how to interpret the transcript and an explanation of your grading system.

If a copy of the student's academic record cannot be forwarded, please indicate the reasons.

Thank you.

Mail student transcript with this form to:

Histotechnology Program Office
Laboratory Services
Medical University of South Carolina Medical Center
165 Ashley Avenue
P.O. Box 250908
Charleston, SC 29425



Reference Form For Application to Histotechnology Program

Applicant Name _____ SSN _____

Permanent Address _____

Please have this form completed by a current or former instructor, advisor, or supervisor who is in a position to evaluate your potential. Some individuals prefer not to complete reference forms unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be of more help to us in judging important characteristics such as creativity, originality, independence, and critical thinking capability. Therefore, the MUSC Medical Center is affording you the opportunity to waive your right of subsequent access to this reference statement. Regardless of your decision on waiving your right of future review, your application for admission will be given full consideration.

I do do not waive my right of subsequent access to this recommendation form.

Applicant signature: _____ Date: _____

Name of Evaluator: _____

As required by the Family Educational Rights and Privacy Act, a student may elect to waive the subsequent access to this recommendation form. In either case, the admissions committee would appreciate your opinion concerning the applicant named above.

I have known the applicant for _____ years in the capacity of _____

Do you have any reason to doubt this applicant's integrity? Yes No *If yes, please explain separately.*

How would you rate this student (on a scale of 1 to 10, with 10 the highest) compared to other students at the same educational level with regard to: *(Please expand wherever possible. Use "N.O." for Not Observed.)*

Previous accomplishments	
Intellectual independence	
Capacity for analytical thinking	
Ability to organize and express ideas clearly orally	
Ability to organize and express ideas clearly in writing	
Drive and motivation	
Perseverance	
Emotional stability	
Problem solving aptitude	
Ability to work with others	

Page 2 of Reference form for: _____

What do you feel are the applicant's:
strongest points?

weakest points?

How would you rank this student compared to other students at the same educational level with regard to the probability of successful handling of critical medical work on patient tissue samples?

Please make other comments that you feel will help us evaluate the applicant.

Signature _____ Date _____

Name and Title (typed or printed)

Telephone Number

Institution or Business

Address City/State/Zip

E-mail Address

The Medical University of South Carolina does not discriminate on the basis of race, creed, national origin, sex, age, or disability in the recruitment and admission of students, employment of faculty and staff, and the operation of other educational activities and programs as specified by federal laws and regulations.

Please attach any other evaluative documents to this appraisal and mail directly to:

Histotechnology Program Office
Laboratory Services
Medical University of South Carolina Medical Center
165 Ashley Avenue
P.O. Box 250908
Charleston, SC 29425