

MEDISERV CYTOLOGY TRAINING SCHOOL

APPLICATION FORM

Please type or print legibly

NAME: _____ DATE OF BIRTH: DD/ MM/ YYYY

CURRENT ADDRESS: _____

TELEPHONE NUMBERS: (day) _____ (evening) _____

EMAIL ADDRESS: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME: _____ ADDRESS: _____

TELEPHONE: _____

SUMMARY OF EDUCATIONAL BACKGROUND

	Name	City, Country	Dates	Major	Diploma/ Degree	Year Graduated
High school						
College university						
Professional Graduate school						

WORK EXPERIENCE

Dates	Employer & Location	Duties/ Skills Acquired
Cytology Experience		

HOBBIES/ INTERESTS/ SKILLS/ OTHER EXPERIENCES:

APPLICATION FEE: US \$50

COURSE FEES: US \$6,000.00 for entire six month program.

PLEASE NOTE THE FOLLOWING :-

- Fees can be paid by Wire, Bank Draft, Money Order or Cash. Personal cheques will not be accepted. Credit card facilities are not available at this time.
- Cancellations, which are made within one month prior to the commencement of a course, will be charged a 10% processing fee.
- The personal data submitted with this application will be handled with strict confidentiality.

Students are responsible for providing their own financial support, lab coats, meals, living quarters and health insurance.

Please note that the course does NOT cover accommodation, text books, nor lab coats.

Do you require information regarding accommodation? Yes No

Official Transcripts:

Certified copies of college or university degrees must be attached to the application form.

Personal Referrals:

These should be from 3 persons, one being from a person in a scientific, professional or academic field.

These must also accompany the form.

Applicant's Signature: _____ Date: _____