

**Requirements for Admission into NSU
Masters of Science in Medical Laboratory Science Program
Advanced Standing Pathway**

1. Be a certified MLS (ASCP, AMT or other approved certification), currently employed at an accredited medical laboratory facility, and hold a Bachelor of Science degree in Biology, Chemistry, Microbiology, Molecular or similar major.
2. Have a minimum undergraduate GPA of a 3.0.
If undergraduate GPA is 2.5-2.999, application will still be accepted and reviewed for possible probationary acceptance.

PROCEDURE for APPLICATION

1. Admission to the MSMLS Advance Standing program is only available for the fall semester.
2. Complete the attached application form for the MSMLS program and submit it to Dr. Ruskoski
3. Two letters of recommendation are required: **one from a current employer/manager/director, and one from a fellow co-worker.**
4. Please include a copy of the following with this application:
 - a. _____ MLS (ASCP, AMT, or another certificate) card
Was MT (AMT) certification obtained before earning a bachelor's degree?
Circle one: Yes or No
 - b. _____ Driver's license or State identification card
 - c. _____ Vaccinations

Please email or mail all paperwork directly to:

Sallie Ruskoski, Ph.D., MLS (ASCP)
NSU Medical Laboratory Science Program
Department of Health Professions
3100 E. New Orleans
Broken Arrow, OK 74014
ruskosks@nsuok.edu

Application deadline for fall admission is July 1.
Incomplete applications will not be evaluated.

NORTHEASTERN STATE UNIVERSITY
Masters of Science in Medical Laboratory Science Program
Advanced Standing Pathway

APPLICATION FOR: MSMLS Advance Standing Program

The MSMLS program culminates in a Master's of Science in Medical Laboratory Science.

Application for _____ Fall 2024_____

Name_____

Address_____

City, state zip_____

Phone number_____

Email address_____

Bachelor degree and year obtained _____

University where degree was obtained (include city and state)

Employer name, address, city, state, zip

Lab Director/Manager name and contact information

Year or MLS certification and certification agency_____

Names and addresses of references

In your own words, please describe your interest in the MSMLS Advance Standing Program and explain how this degree will enhance your career goals.

**PERMISSION TO RELEASE PERSONALLY IDENTIFIABLE AND/OR
WAIVER OF RIGHT TO INSPECT OR REVIEW CONFIDENTIAL LETTER OF
RECOMMENDATION (FAMILY EDUCATION AND PRIVACY ACT OF 1974, AS
AMENDED)**

I, _____, () do () do not hereby waive and renounce all right of access, including those established by the Family Education Rights and Privacy Act of 1974, to any letter or letters of reference or confidential letters of recommendation to be hereafter written in my behalf by:

_____ (Name of person asked to write recommendation)

_____ (Name of person asked to write recommendation)

Furthermore, I grant the above person permission to release specific and personally identifiable information about me from my educational record in order that he/she may fulfill my request to write a letter of recommendation. He/she may release to the party or parties named below:

- () any such information he/she may release
- () only the information listed on the reverse side

The above named person may also release the information verbally to the party or parties listed below.

This waiver is not operative and becomes null and void if at any time said letter or letters of recommendation are used for any purpose other than those which are specifically intended. My specific intention is:

- () requesting admission to an educational agency or institution
- () other (specify): _____

Signature of Waiving Party (Applicant)

Date