UNIVERSITY OF CONNECTICUT
College of Agriculture and Natural Resources

DEPARTMENT OF ALLIED HEALTH SCIENCES

Application to Certificate Programs

Medical Laboratory Sciences
Diagnostic Genetic Sciences (Cytogenetics or Molecular Diagnostics)
ADMISSION REQUIREMENTS

Certificate applicants must have **earned a baccalaureate degree** (or complete requirements prior to matriculation in a certificate program) that includes coursework in the following areas:

- Biochemistry
- Cell Biology (Diagnostic Genetic Sciences Certificate Program *only*)
- Computer Terminology & Application (may be a component of another course)
- General Chemistry
- General Genetics or Human Genetics
- Immunology (Medical Laboratory Sciences Certificate Program *only*)
- Microbiology (including virology)
- Organic Chemistry
- Statistics

To be competitive, students should have a total GPA of 2.7 or better. All required prerequisite courses must have been passed with a grade of “C” or better.

Applicants who have not fulfilled all required prerequisite coursework must complete any unmet requirements prior to enrolling in the practicum semester. It may be possible to take all or some of the unmet course requirements during the semesters on the Storrs campus, at the discretion of the Program Director, and depending upon the availability of specific courses in the semester in question.

**Current Diagnostic Genetic Sciences (DGS) Undergraduate Students:** Students who have or will complete a DGS undergraduate degree and want to complete either the other DGS concentration or the Medical Laboratory Sciences Certificate are not required to submit new transcripts or letters of recommendation; only the application and personal statement is required.

**International Applicants:** International applicants must meet additional admission requirements. Please refer to and comply with the Special Instructions for International Application on page 4 of these instructions. Information is also available at: [http://www.alliedhealth.uconn.edu/international.php](http://www.alliedhealth.uconn.edu/international.php).

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WHEN TO APPLY:

Applications are reviewed on a rolling, space available basis. Applications may be filed anytime within the year prior to anticipated matriculation and are reviewed as they are received. Early submission of the application is advised. Department of Allied Health Sciences Certificate Program applications become the confidential property of the department and cannot be returned. The Department of Allied Health Sciences WILL NOT provide copies of the application or references. Please retain copies for your own files (if possible).

Requests to defer an offer of admission must be placed in writing to the Program Director. Requests to defer will be considered on a space available basis and for a period not more than one year after the date of admission that was offered. Students wishing to defer admission beyond the one year must submit a new application for the academic year they wish to attend. The offer of admission under this situation is not guaranteed and is subject to space availability. Students who defer after they accept and submit a deposit are not entitled to a refund of the deposit.
HOW TO APPLY:

A. Application: Applicants must complete the Department of Allied Health Sciences’ “Application for Certificate Programs.” Applications will NOT be reviewed unless ALL information is complete.

B. College Transcripts: Applicants must submit documentary evidence of all collegiate work completed (including if applicable, courses in progress).

  Unofficial UConn transcript: If you have completed course work at UConn as a matriculated or non-degree student, you MUST submit a UConn transcript. An unofficial UConn transcript can be obtained by accessing your Peoplesoft account. INDIVIDUAL SEMESTER GRADE SHEETS ARE NOT ACCEPTABLE.

  Official transcripts: Applicants who completed course work at institutions other than the University of Connecticut MUST submit official transcripts from each school attended whether or not you graduated from that school so that we have a grade for all courses. Additionally, a transcript showing the date of graduation is required. Unofficial or copies of transcripts are not acceptable to the Department of Allied Health Sciences. Applications will not be considered without such documentation.

International Transcript: Applicants with education outside of the U.S. or Canada must submit transcripts of all college coursework to a transcript evaluation agency (i.e. www.wes.org) for translation and evaluation for equivalency. International applicants should allow a lead time of six months or more to complete all requirements of entry into the United States.

C. Recommendations: Applicants to the Certificate programs in the Department of Allied Health Sciences must supply the admissions committee with at least two (2) but no more than three (3) letters of recommendation. One recommendation MUST be an academic reference (faculty/instructor). Recommendation Forms can be obtained on-line at the certificate admissions website. They should be sealed in an envelope then signed across the seal by the evaluator. It is preferable, when possible, to include sealed letters of recommendation with your application. If not, they should be sent to the address indicated on the form. Applicants to multiple programs need only supply two (2) recommendations.

D. Personal Statement: Applicants are required to submit a 500 word personal statement outlining their career goals as they relate to the program of application. Applicants applying to more than one program are required to submit a personal statement for each program. Guidelines to writing a personal statement can be obtained on-line at the certificate admissions website.

E. Admission Fee: There is NO application fee for the Department of Allied Health Sciences’ Certificate Program application. However, a $150.00 deposit is required at the time of admission to the program. This deposit will be applied toward the tuition. This fee is non-refundable; students who accept (or defer) admission but do not matriculate are not entitled to a refund of the deposit.

WHERE TO APPLY:

SUBMISSION: Applications may be submitted on a rolling basis. All supporting materials (transcripts, recommendations, personal statement, etc.) must be submitted at the time of application. Incomplete applications will not be reviewed for admission.

BY MAIL:

University of Connecticut
Department of Allied Health Sciences
358 Mansfield Road, Unit 2101
Storrs, CT 06269-2101

IN PERSON:

Koons Hall
Department Main Office
Room 228
NOTE: Offers of admission and acceptances to the Department of Allied Health Sciences are conditional and contingent upon the successful completion of all prerequisite courses. Failure to successfully complete prerequisites or failure to provide documentation of graduation with a Bachelor's degree (for current undergraduate students) may be cause for revocation of offer of admission.

DEPARTMENT OF ALLIED HEALTH SCIENCES CHECKLIST

_____ Application for Certificate Programs
_____ Either LEGIBLE unofficial or official UConn transcript (if applicable)
_____ Official transcript from all other colleges or universities (if applicable). *Unofficial or photocopies not accepted.*
_____ Two (2) letters of recommendation (one must be an academic reference)
_____ Personal Statement (one for *each* program you are applying to)

International Students must also submit:

_____ TOEFL scores
_____ Transcript evaluation from WES or other Transcript Evaluation Agency
_____ Financial Declaration statement with supporting documentation

**Special Instructions for International Applicants:**
If you are an International applicant, please refer to and comply with the special instructions for application on the Department of Allied Health Sciences website at [http://www.alliedhealth.uconn.edu/international.php](http://www.alliedhealth.uconn.edu/international.php). The Department of Allied Health Sciences cannot review applications or extend offers of admission to international applicants who have not submitted documentation in keeping with the requirements of the Department of International Services and Programs (DISP) as part of the application process. Please contact the DISP Office (Email: DISP@uconn.edu; Phone: (860) 486-3855; Fax: (860) 486-5800; Web: [www.disp.uconn.edu](http://www.disp.uconn.edu)) for specific requirements for international applicants.

Requirements include but are not limited to the following:

- **TOEFL:** If you are not a native speaker of English, you must submit evidence of your proficiency in the English language. A Test of English as a Foreign Language (TOEFL) ([www.ets.org](http://www.ets.org)) is required of all international applicants and U.S. citizens or permanent residents for whom English has not been the primary language. A minimum total score of 550 on the paper exam or a minimum total score of 80 on the Internet exam or equivalent based on the new scoring system is required for admission to the programs. Evidence of written and verbal proficiency in the *clinical context* must be demonstrated prior to the beginning of the clinical semester. If you submit results from the International English Language Testing System (IELTS), you need an average overall band score of at least 6.5. Only the scores from the Academic Module (not the General Training Module) are applicable. *Test results submitted must be dated within two (2) years of the admission date. Test results older than 2 years will not be accepted.*

- **Transcripts:** Applicants for the Certificate Programs with education outside of the U.S. or Canada must submit transcripts of all college coursework to a transcript evaluation agency (i.e. [www.wes.org](http://www.wes.org)) for translation and evaluation for equivalency. International applicants should allow a lead time of six months or more to complete all requirements of entry into the United States.

- **Financial Declaration:** International applicants for the Certificate Programs must submit evidence of adequate financial support to cover the costs of study at the University of Connecticut before a *Certificate of Eligibility* (I-20 or DS-2019) will be issued. Please visit our website indicated above for the link to the declaration forms.

**Please note:** The admission process for international applicants (including I-20 and VISA issuance) can take 6 months to a year to complete. Applicants are encouraged to allow adequate time for processing. Initial I-20 or DS-2019 documentation, along with the final admission packet, will be forwarded to the mailing and billing address indicated on the application. Please note that it will take approximately 4 to 6 weeks for documentation to reach you if mailed by regular overseas mail. Documents cannot be expedited to a post office box address and must have a valid phone number attached for delivery confirmation.
UNIVERSITY OF CONNECTICUT
College of Agriculture and Natural Resources
DEPARTMENT OF ALLIED HEALTH SCIENCES
CERTIFICATE PROGRAMS APPLICATION

General Admission Statement

The Department of Allied Health Sciences offers certificate programs in Diagnostic Genetic Sciences (DGS) in Cytogenetics or Molecular Diagnostics, and Medical Laboratory Sciences. Students are eligible for admission to these professional programs after (a) completion of a Bachelors Degree; and (b) completion of all prerequisite coursework for the program of choice.

NOTE: Applicants who have not fulfilled all required prerequisite coursework must complete any unmet requirements prior to enrolling in the practicum semester. It may be possible to take all or some of the unmet course requirements during the semesters on the Storrs campus, at the discretion of the Program Director, and depending upon the availability of specific courses in the semester in question.

Program of Application: (IMPORTANT: please read all instructions prior to completing this section)

Applicants may apply to more than one program provided they meet the admission requirements for each. Please prioritize your choice(s) (e.g. 1st, 2nd, 3rd, etc.) next to the appropriate certificate program.

1) I am applying for admission to the certificate program(s) indicated below:

   _____ DGS - Cytogenetics
   _____ DGS – Cytogenetics – Clinical Semester Only (Only available to UConn DGS graduates)
   _____ DGS - Molecular Diagnostic
   _____ DGS - Molecular Diagnostic – Clinical Semester Only (Only available to UConn DGS graduates)
   _____ Medical Laboratory Sciences.

2) For the semester beginning:
   o Fall semester  20____
   o Spring semester  20____

My signature certifies that the personal and academic information given on this application and in the supporting documentation is complete and accurate. Failure to disclose fully and accurately all facts relating to this application may be grounds for revocation of admission.

Student Name (Please PRINT)  Student Signature  Date

The Certificate Programs application may be filed anytime within the year prior to projected matriculation. International students MUST apply at least six months prior to matriculation. Applications are reviewed three times a year: March, July, and October.

The University of Connecticut supports all federal and state laws that promote equal opportunity and prohibit discrimination.
1. PERSONAL DATA

A) NAME AND ADDRESS:

Full Name: ________________________________

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<th>Last</th>
<th>First</th>
<th>M.I.</th>
<th>Social Security #</th>
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FORMER NAME (if applicable): ________________________________

EMPL ID (Peoplesoft): ________________________________

(UConn students only)

EMAIL ADDRESS: ________________________________

(UConn students please use UConn email address)

PERMANENT ADDRESS: ________________________________

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<th>City</th>
<th>State</th>
<th>Zip code</th>
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HOME TELEPHONE (___) ________________________________

PRINT CLEARLY

SCHOOL/ TEMPORARY ADDRESS: ________________________________

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<th>City</th>
<th>State</th>
<th>Zip code</th>
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SCHOOL/ TEMPORARY/ CELL TELEPHONE (___) ________________________________

PRINT CLEARLY

**For your admission decision, which do you prefer as a mailing address? _____ Permanent Address

_____ School or Temporary Address

B) DATE OF BIRTH (for statistical purposes only): ________________

C) GENDER (for statistical purposes only): _____ Male _____ Female

D) ETHNIC BACKGROUND (for statistical purposes only):

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

Race (select all that apply from the following groups):

☐ Asian
☐ Hawaiian or Pacific Islander Native/American
☐ American Indian or Alaskan Native/American
☐ Black or African American
☐ Puerto Rican
☐ White Non-Hispanic American
☐ Multiracial (please specify): ________________________________
☐ Other (please specify): ________________________________

E) Citizenship:

☐ Native Born
☐ Naturalized
☐ Alien Permanent
☐ Non-Resident (International Students) If you check this box, please complete part F.

F) International Students must provide the following information:

a. Country of Birth: ________________________________

b. Country of Citizenship: ________________________________

c. Country of (Permanent) Residence: ________________________________

d. Address in Home Country: ________________________________
2. ADMISSION DATA

I have previously applied to the Department of Allied Health Sciences at the University of Connecticut.
(Undergraduate or Certificate program).

___ No  ___ Yes  If yes, list program and date(s) for which applications were filed: __________________________

3. ACADEMIC DATA

A) If you are a current University of Connecticut student, please complete the information below; Otherwise proceed to item B.

Current Program/Plan: ____________________________ Current Campus: __________________
Anticipated date of graduation: __________________________

B) List all educational institutions beyond high school level (in the order in which you attended them). Include OFFICIAL transcript for each institution attended.

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<tr>
<th>Name of Institution</th>
<th>Location</th>
<th>Dates Attended From (Mo/Yr) To (Mo/Yr)</th>
<th>Date Graduated</th>
<th>Degree Conferred</th>
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C) Applicants holding professional credentials and/or academic degrees. Provide copy of credential.

Professional licensure or certification held: __________________________

4. PAID WORK EXPERIENCE:  List all work experience obtained in the past five years, with the most recent experience first.

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<tr>
<th>Place of employment</th>
<th>City/State</th>
<th>Dates</th>
<th>Hrs/Wk</th>
<th>Position, title, &amp; Responsibilities</th>
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5. VOLUNTEER WORK EXPERIENCE: List all volunteer experience, with the most recent position first.

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<th>City/State</th>
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6. **HONORS, EXTRACURRICULAR ACTIVITIES:** List organizations, appointed or elected offices, scholarships, and honors received. Also include other activities and special interests that are not previously listed (i.e. community service).

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

7. **RECOMMENDATIONS:** Current Undergraduate DGS students are not required to submit recommendation letters. Refer to our web site at [www.alliedhealth.uconn.edu](http://www.alliedhealth.uconn.edu) for more information.

Applicants to the Certificate programs in the Department of Allied Health Sciences must supply the admissions committee with at least two (2) but no more than three (3) letters of recommendation. One reference **MUST** be an academic reference (faculty/instructor). Recommendation Forms can be obtained on-line by following the link: [http://www.cag.uconn.edu/ahs/ahs/documents/CertProgAppRecommendationForm.pdf](http://www.cag.uconn.edu/ahs/ahs/documents/CertProgAppRecommendationForm.pdf). They should be sealed in an envelope then signed across the seal by the evaluator. It is preferable, when possible, to include sealed letters of recommendation with your application.

8. **PERSONAL STATEMENT:** Applicants are required to submit a 500 word personal statement outlining their career goals as they relate to the program of application. Applicants applying to more than one program are required to submit a personal statement for each program. Guidelines to writing a personal statement can be obtained at the following link: [http://www.cag.uconn.edu/ahs/ahs/admissions/PersonalStatementGuidelines.php](http://www.cag.uconn.edu/ahs/ahs/admissions/PersonalStatementGuidelines.php).

9. **TRANSCRIPTS:** (Submit all transcripts that apply). Current Undergraduate DGS students are not required to submit transcripts. Refer to our web site at [www.alliedhealth.uconn.edu](http://www.alliedhealth.uconn.edu) for more information.

**UCONN Transcript:** Applicants must submit an unofficial (or official) University of Connecticut transcript if applying as a current or readmitted student.

**Other Transcript:** If applicable, applicants must provide an official transcript for all institutions attended whether or not a degree was granted. This transcript **MUST** be sent to the Department of Allied Health Sciences. Photocopies will not be accepted. Application is not complete without this documentation.

**International Transcript:** Applicants with education outside of the U.S. or Canada must submit transcripts of all coursework to a transcript evaluation agency for translation and evaluation for equivalency. International applicants should allow a lead time of six months or more to complete all requirements of entry into the United States. Refer to our web site at [www.alliedhealth.uconn.edu](http://www.alliedhealth.uconn.edu) for more information.

10. **TOEFL SCORES:** If you are not a native speaker of English, you must submit evidence of your proficiency in the English language. A Test of English as a Foreign Language (TOEFL) ([www.ets.org](http://www.ets.org)) is required of all international applicants and U.S. citizens or permanent residents for whom English is not the primary language.

11. **FINANCIAL DECLARATION:** (International Applicants only). International applicants for the Certificate Programs must submit evidence of adequate financial support to cover the costs of study at the University of Connecticut before a Certificate of Eligibility (I-20 or DS-2019) will be issued. Please visit our website [http://www.alliedhealth.uconn.edu/international.php](http://www.alliedhealth.uconn.edu/international.php) for the link to the declaration form.

**Send completed application and supporting documentation to:**

Department of Allied Health Sciences
Certificate Programs Admission
University of Connecticut
358 Mansfield Road
Storrs, CT 06269-2101