



SAINT VINCENT HEALTH CENTER
232 West 25 Street
Erie, Pennsylvania 16544

School of Medical Technology Application for Admission

Name _____
Last First Middle

Permanent Address _____
Street City

_____ *State Zip Code Phone Number*

Present Address _____
Street City

_____ *State Zip Code Phone Number Email*

Name of Parents or Guardian _____
Last First Middle

Address _____
Street City

_____ *State Zip Code Phone Number*

High School _____
Name Years Attended Degree Year

College _____
Name Years Attended Degree Year

Other training or experience _____

LETTERS OF RECOMMENDATION

(Please include at least two college science professors – contact references to send letters directly to the School.)

_____ *Name Institution*

_____ *Name Institution*

_____ *Name Institution*

Please include a written statement of why you wish to be a medical technologist, and a copy of your official academic transcript.

Signed _____ Date _____

Send to: School of Medical Technology
Saint Vincent Health Center
232 West 25 Street
Erie, Pennsylvania 16544