

TRINITY HEALTH SYSTEM SCHOOL OF MEDICAL LABORATORY SCIENCE
STEUBENVILLE, OHIO

INTERVIEW REQUEST FORM

ALL APPLICANTS MUST HAVE A PERSONAL INTERVIEW WITH THE ADMISSIONS COMMITTEE. PLEASE INDICATE YOUR PREFERENCES BELOW:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8 – 9:30 AM	8 – 9:30 AM	8 – 9:30 AM	8 – 9:30 AM	8 – 9:30 AM
9:30 – 11:00 AM	9:30 – 11:00 AM	9:30 – 11:00 AM	9:30 – 11:00 AM	9:30 – 11:00 AM
			1:00 - 2:30 PM	

1ST CHOICE _____

2ND CHOICE _____

3RD CHOICE _____

PROGRAM DIRECTOR WILL CONTACT STUDENT TO FIND A MUTUALLY AGREEABLE DATE FOR THE INTERVIEW. PLEASE INDICATE RELIABLE SOURCES FOR COMMUNICATION:

NAME: _____

PHONE: _____

2ND PHONE: _____

E-MAIL: _____

BEST TIME TO CONTACT: _____

PLEASE SUBMIT TO constance.moore@commonspirit.org