M.L.S.E.A.P.
Medical Laboratory Sciences Early Acceptance Program

Purpose of Program

The MLSEAP offers academically outstanding students with an interest in medical laboratory sciences an opportunity to be granted conditional acceptance to the School of Health Professions at UT Health San Antonio (UTHSA) and to receive both a Bachelor of Science Degree in Biology, Bachelor of Science Degree in Microbiology and Immunology, or Bachelor of Science Degree in Chemistry at the University of Texas at San Antonio (UTSA) and a Master of Science in Medical Laboratory Sciences at UTHSA within five years.

Requirements

To be considered for this opportunity, UTSA students must meet the following requirements:

- Be a full-time UTSA student majoring in Bachelor of Science Degree in Biology, Bachelor of Science Degree in Microbiology and Immunology, or Bachelor of Science Degree in Chemistry.
- Have completed at least between 12 and 60 semester credit hours (SCH) of coursework at UTSA in their program of study.
- Minimum overall UTSA 3.0 GPA and 3.0 GPA in all college science/math coursework (unless only one science or math course has been taken).
- To remain eligible, students must complete the first three years of curriculum, including the core curriculum requirements at UTSA, with an overall 3.0 GPA and a cumulative 3.0 GPA in all science coursework.

Instructions

Applicants must submit these documents by the application deadline to benavidezm2@uthscsa.edu:

- MLSEAP application through Allied Health Centralized Application Service (AHCAS)
- Unofficial transcript from UTSA
- Resume that includes work experience, honors & awards, extracurricular activities, and community service.

Applicants will be notified about the selection committee’s decision during the first week of May and must commit by July 1 of the same year.

Contact Us

UT Health San Antonio, School of Health Professions
Melina Dauto Benavidez, Director of Admissions & Special Programs
benavidezm2@uthscsa.edu. 210-567-6225

APPLICATION CYCLE: AUGUST 15, 2020 TO APRIL 1, 2021
Application

Applicant Information

Full Name: ___________________________ Date: ______________

Last, First M.I.

Address:

Street

City, State, ZIP Code

Phone: ___________________________ Email: ___________________________

Major: ___________________________ Minor: ___________________________

Semester Credit Hours Completed: ___________________________

References Contact Information

Full Name: ___________________________ Relationship: ___________________________

Email: ___________________________ Phone: ___________________________

Full Name: ___________________________ Relationship: ___________________________

Email: ___________________________ Phone: ___________________________

Signature

I certify that my answers are true and complete to the best of my knowledge.

If accepted, I understand that false or misleading information in my application may result in being removed from the program. Further, I give consent for the Director of Admissions for SHP at UT Health San Antonio to request and access unofficial copies of my transcript from the registrar’s office.

Signature: ___________________________ Date: ______________