

Southwestern Community College
447 College Drive, Sylva, NC 28779
MLT Lab Site Information Form

Student Name (please print): _____

Place of Employment: _____

Job Title: _____ # of Years Employed: _____

Hours/Week: _____

Student phone number: _____

Student's email: _____

Student Address (City, State, Zip Code) _____, _____, _____

Please indicate whether you will be completing your MLT labs on-campus or off-campus.

(Please check only one)

I plan to complete my labs....

_____ **On-campus** (no additional information requested – Note: ALL local students must attend on- campus labs approximately 2 days/week during the day/no evenings)

or

_____ **Off-campus** (if off-campus you must complete the information below and submit your employers Statement of Support)

Name of Hospital/Lab: _____

Name of Lab Manager: _____

Official Title: _____

Email for Lab Manager: _____

Phone Number for Lab Manager: _____

Mailing address for the hospital/lab:

Street: _____

City, State and Zip Code: _____, _____, _____

Please note that if you are completing labs off-campus and are not employed by a lab that will support you for labs and clinicals over the completion of the program you will not be able to enter the MLT program and/or register for MLT courses.