



THOMPSON RIVERS  
UNIVERSITY

**MEDICAL LABORATORY ASSISTANT PROGRAM  
JOB MARKET (EMPLOYMENT) SURVEY FORM**

**Applicants must sign this form as a requirement of admission to the  
Medical Laboratory Assistant Program.**

Applicant's Name: \_\_\_\_\_

I have conducted a job market survey and am satisfied with the employment prospects upon completing this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date