

## SCHOOL OF RADIOGRAPHY APPLICATION FOR ADMISSION

|   |  |   |                                 | Date:               |                 |
|---|--|---|---------------------------------|---------------------|-----------------|
| Name:   |  |   |                                 | Last 4 of S.S.      | #               |
| Last  | First  |   | Middle/Maiden                   |                     |                 |
| Address:  |  |   |                                 | Zip Code:           |                 |
| Contact Telephone:  |  | City  | State<br>E-mail:                |                     |                 |
| Name of person to be notified in  | case of emergency  | :   |                                 |                     |                 |
| _   |  |   | Telephone:                      |                     |                 |
| Have you ever been convicted of<br>Have you had any license, regis<br>or subjected to discipline by a re<br>Have you ever been suspended,<br>in order to meet application req | tration, or certification<br>egulatory authority o<br>dismissed, or expell | on denied,<br>or certificati<br>led from ar | revoked suspended, point board? | placed on probation | ,<br>□ Yes □ No |
| If you answered yes to either of  | the above questions  | s please de                                 | escribe:                        |                     |                 |
|   |  |   |                                 |                     |                 |
| EDUCATION Information concerning post-sec Name of School/College/Univers  |  | <u>City a</u>                               | nd State                        | Dates               | of Attendance   |
|   |  |   |                                 |                     |                 |
|   |  |   |                                 |                     |                 |
| Please provide an official transcript   | from each school that  | t vou have a                                | ttended.                        |                     |                 |
| ·   |  | •   | tecinacai                       |                     |                 |
| Do you have any health care ex If yes, describe:  | perience? □ Y  | es □ No                                     |                                 |                     |                 |
|   |  |   |                                 |                     |                 |
| Do you have any community vo If yes, describe:  | lunteer experience o   | r volunteer                                 | experience in health            | care? □ Yes         | □ No            |
|   |  |   |                                 |                     |                 |

| Do you have any professional or business experience? $\ \square$ Yes $\ \square$ No If yes, describe:  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
| Describe any classes, achievements, specialized training or s  | kills that may have special relevance to your admission.   |  |  |  |
|  |  |  |  |  |
| How did you hear about the school of radiography?  |  |  |  |  |
| <ul> <li>Education (USDE) or Counsel for Higher Education A be translated by an International Education Credenti</li> <li>College course work must include one course in mat communications and one course in Anatomy.</li> <li>All applicants whose native language is not English a</li> <li>Complete and submit an application and a \$50 applic University of Tennessee Medical Center.</li> <li>Submit two professional letters of reference from pa</li> <li>Submit official transcripts from each educational inst</li> </ul> | be considered for admission to this program, the applicant or university accredited by United States Department of ccreditation (CHEA). Credits obtained outside the U.S. must al Evaluation Organization at the applicant's expense. hematical or logical reasoning, one course in English or oral are required to submit scores on the TOEFL exam. Cation fee to the school. Make checks payable to: The set employers or educators. itution you have attended (each college attended). Since you last attended school, how you became interested in diologic technology as a career. Signated by the educational coordinator. al Center |  |  |  |
| <ul> <li>admitted, dismissal by The School of Radiography; there accurate to the best of my knowledge and is subject to verification.</li> <li>All final applicants will be required to successfully complete prior to final admission to The School of Radiography.</li> <li>If admitted to The School of Radiography and I ever application of the subject to final accordance of alcohol or other drugs, I may be subject to final admission.</li> </ul>  | ete and pass a drug/alcohol screen and background check  |  |  |  |
| Student Signature:   | Date:  |  |  |  |



status.