

APPLICATION FOR PROGRAM ADMISSIONS

Select Program of Interest:

- Diagnostic Medical Sonography *Radiologic Technology Emergency Medical Science
 *Respiratory Care Science Medical Laboratory Technology

This application is for admission into the program beginning: FALL _____ / SPRING _____

** NOTE: Applicants must complete remedial requirements & program prerequisites by the application deadline of the term for which admission is sought.*

Date of Application: _____ Student ID #: _____

Full Legal Name: _____
Last First Middle

Current mailing address: _____
Street
_____ City State Zip

Current telephone: (____) _____ (where you can be reached between 8 a.m. and 5 p.m. on weekdays)

Email Address: _____

If you have previously attended any school under a name other than that given above, please specify below:

List other Allied Health Schools/Programs you have or will apply to:

Allied Health School

Date of Application

PERSONAL INFORMATION

Male Female

Place of Birth: _____

Ethnic Origin: (OPTIONAL-for affirmative action purposes only)

- White Hispanic Native American Prefer Not To Answer
 Black Asian International

Emergency Contact:

_____ Name

_____ Relationship

_____ Street Address

_____ City, State, Zip

(____) _____ Telephone

Have you ever been convicted of a misdemeanor or felony (including deferred adjudication for either) with the exception of minor traffic violations (e.g. speeding or parking violations)? *Note: DUI's, DWI's, PI's are not minor traffic violations. Yes No

If "Yes," provide a written explanation.

Were you ever required to leave high school, college, graduate or professional school or ever denied readmission because of deficiencies either in conduct or scholarship? Yes No If "Yes," provide a written explanation.

In order to provide better services for people with disabilities, the following voluntary information is needed. This is for affirmative action purposes. The information you provide will not affect your admission to the School of Health Sciences and will be kept confidential.

Please check all that applies to you: physical disability learning disability other disability

Will you need accommodations in order to succeed in the program for which you are applying? yes no

