

**WEBER STATE UNIVERSITY RADIOLOGIC TECHNOLOGY
APPLICATION FOR ADMISSION
SPECIALTY PROGRAM - CAMPUS**

Date _____ 20 _____
\$25.00 Non-Refundable Fee _____
(Check or Money Order – NO CASH)

NOTE: A SEPARATE APPLICATION IS REQUIRED FOR EACH SITE APPLIED TO.

Please be advised that some hospitals do not select students every year.

- | | | |
|---|---|---|
| <input type="checkbox"/> Advanced Radiologic Sciences | <input type="checkbox"/> Diagnostic Medical Sonography/Vascular | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> Cardiovascular-Interventional Technology | <input type="checkbox"/> Magnetic Resonance Imaging (only) | <input type="checkbox"/> Quality Management |
| <input type="checkbox"/> Computed Tomography (only) | <input type="checkbox"/> Magnetic Resonance Imaging/Computed Tomography | <input type="checkbox"/> Women's Imaging |
| <input type="checkbox"/> Diagnostic Medical Sonography/Cardiac | <input type="checkbox"/> Mammography | |
| <input type="checkbox"/> Diagnostic Medical Sonography/Medical | <input type="checkbox"/> Nuclear Medicine | |

- ARRT Registered Radiologic Technologist
 Other _____
 Clinical Sponsor _____

Please list all other Specialty Programs you have applied to: (List all)

NOTE: PLEASE TYPE OR PRINT CLEARLY WHEN COMPLETING THIS FORM:

1. Print Name in Full _____ / _____

Last Name
First Name
Middle Initial
W Number

Other possible names (AKA): _____
2. Local Address _____

Number and Street
City
State
Zip Code
3. Permanent Address _____

Number and Street
City
State
Zip Code
4. Home Phone _____ Work Phone _____ Other Daytime Phone _____

Area Code
Area Code
Area Code
5. Date of Birth _____ E-Mail address _____
6. Give information concerning High School and College/University or other school attended or currently attending.

NAME OF INSTITUTION	CITY AND STATE	TOTAL # OF MONTHS ATTENDED	DIPLOMA/DEGREE RECEIVED

7. Provide your work history and any health care employment experience, including observation and volunteering in a health care facility, starting with your most recent position:

NAME OF EMPLOYER	CITY AND STATE	POSITION HELD	TOTAL TIME EMPLOYED	(CHECK BOX)		
				FULL TIME	PART TIME	VOLUNTEER

8. Are you currently certified in/as a (attach documentation) _____ CPR _____ Practical Technician or Limited Permit
9. Have you ever made application to the Weber State Radiologic Technology Program? No _____ Yes _____ Year _____
10. Have you applied for formal admission to Weber State University? Yes _____ No _____
11. Have you been notified or acceptance to Weber State University? Yes _____ No _____

12. Provide information on the persons to be notified in case of an emergency:

NAME/RELATIONSHIP TO APPLICANT	LOCAL ADDRESS	DAYTIME TELEPHONE

13. It is important in the radiography profession that you are able to communicate clearly. Because of this, please provide on an attached sheet of paper all of the following information:

- (1) Activities in which you have been involved during High School, College/University or community in the last five years.
- (2) One thing you have accomplished that has given you great satisfaction.
- (3) What you most enjoy doing in your leisure time.
- (4) Your reasons for selecting Radiologic Technology as a career.
- (5) Any special reasons for desiring to enter this program.
- (6) List your strengths and weaknesses.
- (7) Any other information about yourself which you feel is pertinent to this application.

14. I DO HEREBY CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPETE TO THE BEST OF MY KNOWLEDGE:

Applicant Signature

Date

Weber State University does not discriminate on the basis of race, color, religion, sex, national origin, age, veteran or handicap status. Weber State University has a policy of nondiscrimination in the admission of students.

Apply on-line to WSU Admissions to be accepted as a student to Weber State University:

- (1) Go to following website to complete admissions process:
<http://weber.edu/admissions/studentapplication.html>
- (2) Receive acceptance letter with "W" number. This is your student identification.
- (3) Use this identification on this application and when contacting us.

Please submit TOGETHER IN ONE PACKET ALL application materials listed below post-marked by JANUARY 10th:

- (1) Application to Radiography Program
- (2) Other material requested within this application
- (3) All College/University transcripts (including WSU)
- (4) Three personal reference forms
- (5) \$25.00 non-refundable Application fee (made out to WSU, Check or Money Order-NO CASH)

Submit application and above requested materials to:

ADMISSIONS AND COUNSELING
DR. EZEKIEL R. DUMKE COLLEGE OF HEALTH PROFESSIONS
WEBER STATE UNIVERSITY
3907 UNIVERSITY CIRCLE
OGDEN UT 84408-3907

For information, please contact the Dr. Ezekiel R. Dumke College of Health Professions admissions and Counseling Office in the Marriott Health Building, Room 108A (801) 626-7136 or the Department of Radiologic Sciences at (801) 626-6057.

AFFIRMTIVE ACTION INFORMATION

To enable the Radiologic Sciences Programs to make required affirmative action reports to various agencies, applicants are asked to provide the following information. Your response is optional; your decision not to provide this information will not penalize your application. You may also provide this information after you have been notified of your acceptance in the Radiologic Technology Program.

Female ____ Male ____ US Citizen: Yes ____ No ____; Specify Visa Type: _____
Ethnic Origin: White ____ Black ____ Hispanic ____ Asian/Pacific Islander ____ Native American ____
Other ____ (Specify) _____

