

**WEBER STATE UNIVERSITY RADIOLOGIC TECHNOLOGY
APPLICATION FOR ADMISSION**

PROVO CAMPUS

Note: You may be assigned to a clinical site at American Fork, Provo, Orem, Timpanogos or Heber City

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

Other Locations Applied to: (List All)

Campus Outreach _____ Wyoming _____
 4 Corners _____ Other _____

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 COMPLETE 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 TOGETHERIN ONE PACKET ALL application materials listed below 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) _____

RAD TECH APPLICANTS

If you are taking
Human Anatomy/Human Physiology or Biomedical Core
during the Spring 2010 semester, you will need to have your
PROGRESS REPORT GRADE turned in by

MARCH 1, 2010

Your instructor may email the grade or you may mail in a memo
from your instructor to:

LonnieLujan@weber.edu

Lonnie Lujan
3907 University Circle
Ogden, UT 84408-3907

- Emailed grades must come from the instructor
- Memo grades must be signed by the instructor

Please be sure to include your

NAME

NAME OF COURSE (Anatomy/Physiology or HTHS 1110/1111)

W NUMBER (If a Weber State University student)

SCHOOL ATTENDING

GRADE

LOCATIONS APPLYING TO

The Rad Tech program will begin Fall Semester 2010

**WEBER STATE UNIVERSITY RADIOLOGIC SCIENCES
PERSONAL REFERENCE FORM**

Please use this form to submit information. Include full Legal Name, Address and "W" number of applicant.

In accordance with federal guidelines, please do not comment on: gender, race, national origin, age, religious beliefs, social/economic background, sexual orientation, political beliefs and handicaps.

I. APPLICANT INFORMATION (to be completed by applicant)

Legal Name of Applicant _____
 Last First Middle
 Permanent Address _____
 Number and Street City State Zip Code
 W Number _____

TO THE APPLICANT: The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee student access to educational records concerning them. Students are also permitted to waive their rights to access to recommendations. The following signed statement indicates the applicant's wish regarding this recommendation:

I retain my right of access to this evaluation _____ I voluntarily waive and relinquish my right of access to this evaluation. _____

II. EVALUATOR INFORMATION (to be completed by evaluator)

Name _____ Date _____
 Rank or Title _____
 Evaluator Signature _____

III. EVALUATION COMMENTS (to be completed by evaluator)

Please indicate the degree to which each quality is characteristic of the candidate you are rating. Respondents should rate each Characteristic independently and avoid a tendency to rate on general impressions. One characteristic might influence the rating of all characteristics.

CHARACTERISTIC	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Cooperation			
Initiative			
Study Habits			
Intellectual Curiosity			
Intellectual Ability			
Judgment			
Expression			
Maturity			
Personality			
Reliability			
Leadership			
Personal Hygiene			
Emotional Stability			
Ethical Standards			
Self-Understanding			
Attitude Toward Associates			
Ability to Inspire Confidence			

Strongest points:

Weakest points:

Comments:

Would you (please circle): Highly Recommend Recommend Not Recommend
 this person be accepted into this program.

PLEASE RETURN THIS FORM TO THE APPLICANT. YOU MAY PUT IT IN AN ENVELOPE IF YOU SO DESIRE BUT IT IS NOT NECESSARY FOR WSU.

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Ethical Standards			
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Attitude Toward Associates			
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