

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

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. Please contact our office for list of current hospitals prior to applying.

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| <p>_____ Allen Memorial Hospital, Moab, UT
 _____ Ashley Valley Medical Center, Vernal, UT
 _____ Beaver Valley Hospital, Beaver, UT
 _____ Castleview Hospital, Price, UT
 _____ Central Valley Medical Center, Nephi, UT

 _____ Garfield Memorial Hospital, Panquitch, UT
 _____ Gunnison Valley Hospital, Gunnison, UT
 _____ Mountain View Hospital, Payson UT
 _____ San Juan County Hospital, Monticello UT
 _____ Sanpete Valley Hospital, Mt. Pleasant UT
 _____ Sevier Valley Hospital, Richfield UT

 _____ Uintah Basin Medical Center, Roosevelt UT
 _____ Valley View Medical Center, Cedar City UT
 _____ Mesa View Regional Hospital, Mesquite, NV
 _____ William Bee Rirey Hospital, Ely, NV</p> | <p style="text-align: center;">Wyoming Program</p> <p>_____ Evanston Regional Hospital, Evanston, WY
 _____ Lander Valley Hospital, Lander, WY
 _____ Memorial Hospital, Douglas, WY
 _____ Memorial Hospital, Rawlins, WY
 _____ Memorial Hospital, Riverton, WY
 _____ Memorial Hospital, Rock Springs, WY
 _____ St. John's Hospital & Nursing Center, Jackson, WY
 _____ Star Valley Medical Center, Afton, WY
 _____ Other Wyoming Site: _____
 4 Corners Program
 _____ Mercy Medical Center, Durango CO
 _____ Rangely District Hospital, Rangely, CO
 _____ San Juan Regional Medical Center, Farmington, NM
 _____ Southwest Memorial Hospital, Cortez, CO
 _____ Other Colorado Site: _____
 _____ Other New Mexico Site: _____</p> |
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Other Locations Applied to: (List All)

Provo 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 are 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 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.

AFFIRMATIVE 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) _____

RADIOLOGIC TECHNOLOGY APPLICANTS

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

DUE: MARCH 1

Your instructor may directly email the grade or
you may turn in or mail 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 the following information is included:

NAME

LOCATIONS APPLYING TO

COLLEGE/UNIVERSITY ATTENDING

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

GRADE

W NUMBER (If a Weber State University student)

***It is the student's responsibility to ensure that progress grades have been turned in by March 1. No late progress grades will be accepted!*

**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.