



**UNIVERSITY OF WISCONSIN HOSPITAL AND CLINICS
SCHOOL OF RADIOLOGIC TECHNOLOGY**

APPLICATION FOR ADMISSION

APPLICATION DEADLINE: JANUARY 31

NAME: _____
 (Last) (First) (M.I) (Maiden)

ADDRESS: _____
 (Street and Number) (City) (State) (Zip)

TELEPHONE NUMBER: _____ **E-MAIL:** _____
 (Area Code)

EDUCATION: Please list ALL secondary and post-secondary academic institutions attended. If needed, please attach an additional page.

SCHOOL:	Name and Location of School	Years Attended From: To:	Year Graduated	Degree/Diploma
High School				
College				
Other				

EMPLOYMENT:

Name and Address of Employer(s)	Position Held	Employment Dates From: To:	Reason for Leaving

APPLICATIONS ARE COMPLETE WHEN THE FOLLOWING ITEMS HAVE BEEN RECEIVED BY THE SCHOOL:

- 1. The completed application form**
- 2. Admission Essay – 200 words or less**
- 3. Two completed reference forms – one from an instructor and one from an employer.**
- 4. Official transcripts of all high school and college credits – Official transcripts must be mailed to us from the school that issued them.**

Submit all application materials by January 31 to:
 Program Director
 UWHC School of Radiologic Technology
 2870 University Avenue, Suite 108
 Madison, WI 53705 - OR - FAX: (608) 263-9208

UWHC School of Radiologic Technology is accredited by:
 Joint Review Committee on Education in Radiologic Technology (JRCERT)