

8. EDUCATION: List the high school you graduated from and all post-secondary education institutions you have attended in the table below. Please list in chronological order.

	Name of School	Location	Dates Attended	Year Graduated
High School				
Junior/Technical College (if applicable)				
Other Post-Secondary Institution				
Other Post-Secondary Institution				
Other Post-Secondary Institution				
Other Post-Secondary Institution				
Other Post-Secondary Institution				

9. EMPLOYMENT HISTORY:

Employer	Position Held	Dates Employed

10. PREVIOUS HEALTH CARE EXPERIENCE:

Institution	Capacity	Dates of Experience

11. REFERENCES: Please list 3 references: (teachers, TA's, employers; do not include friends or relatives).

Name	Address (Include City, State and Zipcode)

12. **Course Progress Report:** Please indicate where and when the following post-secondary prerequisite coursework was completed, or if course is still in-progress. Place an “IP” in the grade box for courses that are still in progress. *Note: this information must match your official transcripts.*

Prerequisite Course Work:

Prerequisite Course	List Course number and title	Date Completed (Month/Year) If in-progress, please list anticipated completion date (mm/dd/yy).	Institution/Credits	Grade
EXAMPLE: Communication Skills	COMMUN 103 Public Speaking	12/2011	Doe technical College/3 credits	AB
EXAMPLE: Communication Skills	COMMUN 103 Public Speaking	Course is in-progress Anticipated completion date:12/16/2011	J. Doe University/3 credits	IP
Mathematics/Logical Reasoning (Alg/Trig/Calc) <i>Minimum of 3 credits required</i>				
Written/Oral Communication Skills <i>Minimum of 3 credits required</i>				
Natural Sciences (Human A&P/Zoology/Biology) <i>Minimum of 3 credits required</i>				
Chemistry <i>Minimum of 3 credits required</i>				
Physics <i>Minimum of 3 credits required</i>				
Arts/Humanities (Ethnic/Religious Studies) <i>Minimum of 2 credits required</i>				
Computer Science/Information Systems <i>Minimum of 2 credits required</i>				
Social/Behavior Sciences (Psych/Soc) <i>Minimum of 2 credits required</i>				
Medical Terminology <i>Minimum of 2 credits required</i>				

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

NAME _____
Last First

ADDRESS _____
Street City State Zip

PHONE () _____

ACKNOWLEDGEMENT:

I acknowledge that the information I have supplied in this application is correct and understand that any falsification of information on this form may be cause for rejection as an applicant. I understand that this application is not legally binding on me in any way, that I am not obligated to enroll in the clinical program to which I may be assigned, and that after enrollment as a student, I have the right to withdraw voluntarily from the program for personal reasons.

I also understand that, if accepted, and enrolled as a student, I shall be subject to dismissal from the program for poor scholastic and/or technical performance, criminal acts or proven charges of unprofessional conduct.

I further understand that acceptance by the clinical affiliate site will require me to obey all regulations affecting personnel within the hospital.

I have read the UWHC School of Radiologic Technology Program Bulletin (*available at the program web site www.uwhealth.org/radtechschool*) and understand the information provided therein.

Signature of Applicant Date