

**DEPARTMENT OF RADIOLOGIC SCIENCES
ADMISSION APPLICATION FOR REGISTERED RADIOGRAPHERS
ONLINE RT TO BSRS PROGRAM**

Please complete all fields on the application – failure to complete the application could delay your application process. Application and \$15.00 fee must be submitted in order to be eligible for admission. **Completion of a University admissions form is also required.**

International Students new to the Department of Radiologic Sciences are required to attach to this application a typed, double-spaced historical narrative, fully describing their (1) previous training in radiology, if any (2) work experience in radiology, if any (3) educational goals as a student at the University of South Alabama, (4) long-term career goals and (5) a personal anecdote about their family or homeland or life experience.

Contact Information

Legal Name: (Last) _____ (First) _____ (Middle) _____

Name Prefix: Mr. Mrs. Ms. Other Name Suffix: (Ex: Jr., Sr., III, etc.) _____

Preferred First Name: _____ Other Name (Maiden, etc.): _____

Address: (where USA/Rad Sciences will send your mail):

Street Address/P.O. Box _____ Apt. # _____

City _____ State _____ Zip _____

Phone # - include area code: _____ Indicate type (cell, home, work) _____

Secondary Phone #: _____ Indicate type (parents, home, etc.) _____

E-Mail Address: _____

Other Contact Information

Other Contact Information: Parent Guardian Spouse

Name Prefix: Mr. Mrs. Ms.

Name: (Last) _____ (First) _____ (MI) _____

Street Address/P.O. Box _____ Apt. # _____

City _____ State _____ Zip _____

Additional Identification Information

Gender:

Educational Background

)? ___ Yes ___ No

If yes, please provide a copy of your ARRT certification card along with this application.

If no, please explain. _____

Previous College Information

Please Note: Applicants may not disregard any part of their educational history, and failure to report all institutions previously attended will be cause for cancellation of the admissions process or for dismissal from the University.

_____ College: _____

City/State: _____

Dates Attended: _____ Degree Earned: _____

College: _____

City/State: _____

Dates Attended: _____ Degree Earned: _____

_____ Please list any academic awards or honors that you have received below:

ACT Scores

_____ Composite _____ Math _____ English _____ Nat. Science

Applicant Signature

I certify that the above information is true and complete. I understand that withholding information requested, or giving false information may make me ineligible for admission and enrollment.

Applicant Signature: _____ Date: _____

The University of South Alabama provides equal educational opportunities to and is open and accessible to all qualified students without regard to race, color, creed, national origin, sex, or qualified handicap/disability, with respect to all of its programs and activities.

*Information relating to your ethnic background is requested fo((t)2 f)2 i4 (u)15.8edb i(i)2f)3 (y t (f)3 (y3.8n)3.8(d)3.8 i)A(pl)2e)4 m (n)3

Applicant's Checklist

(Date) _____ Applied to the University of South Alabama Admissions Office
\$35.00 (online application)/\$45.00 (mailed/paper application)
fee submitted to