WEBER STATE UNIVERSITY RADIOLOGIC TECHNOLOGY
APPLICATION FOR ADMISSION
OFFICE USE ONLY
SPECIALTY PROGRAM – CAMPUS

Date_______________
$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.

<table>
<thead>
<tr>
<th>Advanced Radiologic Sciences</th>
<th>Diagnostic Medical Sonography - Vascular</th>
<th>Nuclear Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular-Interventional Technology</td>
<td>Magnetic Resonance Imaging (only)</td>
<td>Radiation Therapy</td>
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<tr>
<td>Computed Tomography (only)</td>
<td>Magnetic Resonance Imaging/Computed Tomography</td>
<td>Quality Management</td>
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<tr>
<td>Diagnostic Medical Sonography – Medical</td>
<td>Mammography</td>
<td>Women’s Imaging</td>
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☐ ARRT Registered Radiologic Technologist
☐ Other:_____________________________________

Please list all other Specialty Programs you have applied to: (a separate application is still required for each program)

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. Mailing 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. E-mail address: ________________________________________________________

6. List all College/Universities and High Schools attended/currently attending starting with most recent:

<table>
<thead>
<tr>
<th>NAME OF INSTITUION</th>
<th>CITY AND STATE</th>
<th>TOTAL # OF MONTHS ATTENDED</th>
<th>DIPLOMA/DEGREE RECEIVED</th>
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7. Provide your work history and any health care employment experience, including observation in a health care facility, starting with your most recent position:

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<tr>
<th>NAME OF EMPLOYER</th>
<th>CITY AND STATE</th>
<th>POSITION HELD</th>
<th>TOTAL TIME EMPLOYED</th>
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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? No ____ Yes ____ Year ________

10. Have you applied for formal admission to Weber State University? Yes ____ No ____

11. Have you been notified of acceptance to Weber State University? Yes ____ No ____

12. Provide information on the person(s) to be notified in case of an emergency:

<table>
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<tr>
<th>NAME/RELATIONSHIP TO APPLICANT</th>
<th>LOCAL ADDRESS</th>
<th>DAYTIME TELEPHONE</th>
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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.

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) ____________________________

Revised 2015
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:

RADIOLOGIC SCIENCES DEPARTMENT
WEBER STATE UNIVERSITY
3891 STADIUM WAY DEPT. 3925
OGDEN UT 84408-3925

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