WEBER STATE UNIVERSITY RADIOLOGIC SCIENCES - APPLICATION FOR ADMISSION

Independent Study

$20.00 Non-Refundable Fee (Check or Money Order-NO CASH)

STEP 1: Apply to Weber State University online at http://weber.edu/admissions/. Once accepted to the university, you will receive a W Number in a welcome letter. This is your student ID. Current and past WSU students do not need to re-apply to WSU.

Write your W Number here: ________________________________

STEP 2: Personal Information

Print Name: __________________________________________________________________________________________________________

Last Name  First Name  Middle Initial

Maiden or Other Name(s): ___________________________________________________________________________________________

Mailing Address: __________________________________________________________________________________________________

Number and Street  City  State  Zip Code

Home Phone: __________________________  Cell Phone: __________________________

WSU Email: ____________________________ (username@mail.weber.edu)

Personal Email: ____________________________

STEP 3: Select your program. Separate application must be submitted for multiple programs.

NON CLINICAL TRACK

Advanced Radiologic Sciences  __

DEGREE COMPLETION

Cardiovascular-Interventional Technology  __

Computed Tomography  __

Mammography (w/ Adv. Rad. Sci.)  __

Magnetic Resonance Imaging  __

MRI / CT (Combined Program)  __

Women’s Imaging (Mammo, DEXA, Breast Sono.)  __

STEP 4:  ☐ I am ARRT certified. (Attach a copy of your certification.)

☐ I am currently in a Radiography/X-Ray program - I will be taking the ARRT board test.

Revised: January 2018
STEP 5: List the most-recent colleges/universities attended/currently attending. Official or unofficial transcripts from all institutions, including WSU, MUST be included.

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<tr>
<th>NAME OF INSTITUTION</th>
<th>CITY AND STATE</th>
<th>TOTAL # OF MONTHS ATTENDED</th>
<th>DEGREE EARNED (AAS, AA, AS, BA, BS, Other) / MAJOR</th>
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STEP 6: Provide your work history and any health care employment experience, starting with your most recent position:

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<th>NAME OF EMPLOYER</th>
<th>CITY AND STATE</th>
<th>POSITION HELD</th>
<th>TOTAL TIME EMPLOYED</th>
<th>FULL TIME</th>
<th>PART TIME</th>
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STEP 7: Personal Essay – It is important in the Radiography profession that you are able to communicate clearly. Provide an essay (no more than one page) with this application. Please include the following information:

1) An accomplishment that has given you great satisfaction.
2) What do you enjoy doing in your leisure time?
3) Your reasons for selecting Radiologic Technology as a career.
4) Your strengths and weaknesses.
5) Any other information about yourself which you feel is pertinent to this application.

STEP 8: I DO HEREBY CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

X ________________________________

Applicant Signature  Date
STEP 9: Please submit TOGETHER, IN ONE PACKET all application materials listed:

1) Your signed application.
2) Other material requested within this application.
3) All college/university transcripts. Unofficial transcripts are permitted.
4) Copy of certifications
5) Your $20 application fee.

Submit application and above requested materials to:

DEPT. OF RADIOLOGIC SCIENCES
WEBER STATE UNIVERSITY
ATTN: INDEPENDENT STUDY PROGRAM
3891 STADIUM WAY DEPT 3925
OGDEN UT 84408-3925

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) ________________________________