

WEBER STATE UNIVERSITY RADIOLOGIC SCIENCES - APPLICATION FOR ADMISSION
ARIZONA ARRT ADVANCED STANDING PROGRAM

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

Permanent Address: _____
 Number and Street City State Zip Code

Home Phone: _____ Cell Phone: _____

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

Personal Email: _____

STEP 3: List your proposed clinical site: _____

Include a letter from your clinical supervisor with his/her name, contact information, and the facility name / address. Applications without this information will not be accepted.

STEP 4: List the most-recent colleges/universities attended/currently attending.

Official or unofficial transcripts from all institutions, including WSU, MUST be included.

NAME OF INSTITUTION	DEGREE EARNED (YES or NO)	TYPE OF DEGREE EARNED (AAS, AA, AS, BA, BS, Other) / MAJOR

STEP 5: Are you certified in any of the following? Check all that apply and include copies of your current certifications.

CNA: EMT: LPT: Medical Assistant: Phlebotomist: Other: _____

Have you applied for formal admission to Weber State University? Yes _____ No _____

Have you applied to the x-ray program in the past? Yes _____ No _____ When? _____

STEP 6: Please list two emergency contacts:

NAME/RELATIONSHIP TO APPLICANT	DAYTIME TELEPHONE

STEP 7: Personal Essay

Provide an essay (**no more than one page**) with this application. Please include the following information:

- 1) Activities in which you have been involved during high school, college/university, or community in the last five years.
- 2) An accomplishment that has given you great satisfaction.
- 3) What do you enjoy doing in your leisure time?
- 4) Do you have any previous work or shadowing experience in a medical field?
What sparked your interest in radiography?
- 5) Your strengths and weaknesses.
- 6) 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: Make sure to include your reference forms completed by your selected evaluators in sealed envelopes. *Letters of recommendation cannot be substituted for the included reference forms.*

STEP 10: Please submit TOGETHER, IN ONE PACKET all application materials listed:

- 1) Your signed application.
- 2) Other material requested within this application. (Essay, Certifications)
- 3) Must provide copy of PTR License with application.
- 4) Letter from proposed clinical supervisor.
- 5) All college/university transcripts. Unofficial transcripts are permitted.
- 6) Your 3 sealed reference forms.

Submit application and above requested materials to:

SCHOOL OF RADIOLOGIC SCIENCES
 WEBER STATE UNIVERSITY
 ATTN: AAS Program Coordinator
 3891 STADIUM WAY DEPT. 3925
 OGDEN, UT 84408-3925

For more information, please contact Taylor Ward at (801) 626-6617 or taylorward2@weber.edu

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) _____

WEBER STATE UNIVERSITY RADIOLOGIC SCIENCES - PERSONAL REFERENCE FORM**I. APPLICANT INFORMATION (to be completed by applicant)**

Legal Name of Applicant _____

Last

First

Middle

Permanent Address _____

Number and Street

City

State

Zip

W Number _____

TO THE APPLICANT: The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee student access to educational records concerning them. Students are also permitted to waive their rights to access the recommendations. The following signed statement indicates the applicant's wish regarding this recommendation:

_____ I retain my right of access to this evaluation

_____ I voluntarily waive and relinquish my right of access to this evaluation.

II. EVALUATOR INFORMATION (to be completed by evaluator)

Name _____ Date _____

Rank or Title _____ Company _____

Evaluator Signature _____

Email _____ Phone Number _____

III. EVALUATION COMMENTS (to be completed by evaluator)

Please indicate the degree to which each quality is characteristic of the candidate you are rating. **In accordance with federal guidelines, please do not comment on: gender, race, national origin, age, religious beliefs, social/economic background, sexual orientation, political beliefs and handicaps.**

CHARACTERISTIC	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Intellectual Ability			
Initiative			
Study Habits			
Intellectual Curiosity			
Written Communication Skills			
Oral Communication Skills			
Judgment			
Team Skills			
Maturity			
Adaptability			
Dependability			
Leadership			
Personal Hygiene			
Emotional Stability			
Ethical Standards			
Interpersonal Skills			
Reaction to Criticism			
Ability to Inspire Confidence			
Awareness of Limitations			

Strongest points:

Weakest points:

Recommend without Reservation Recommend Recommend with Reservation Do Not Recommend

PLEASE RETURN THIS FORM IN A SEALED ENVELOPE TO THE APPLICANT.

WEBER STATE UNIVERSITY RADIOLOGIC SCIENCES - PERSONAL REFERENCE FORM

I. APPLICANT INFORMATION (to be completed by applicant)

Legal Name of Applicant _____
Last First Middle

Permanent Address _____
Number and Street City State Zip

W Number _____

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