

## WEBER STATE UNIVERSITY RADIOLOGIC SCIENCES - APPLICATION FOR ADMISSION MONTANA RADIOLOGIC TECHNOLOGY (X-RAY) 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:** Check all other WSU X-ray / other programs you have applied to, if applicable.

WSU-Ogden:  Outreach:  Provo:  Other:  \_\_\_\_\_

**STEP 9:** 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 10:** Make sure to include your reference forms completed by your selected evaluators. *Letters of recommendation cannot be substituted for the included reference forms.*

**STEP 11:** Please submit TOGETHER, all application materials listed:

- 1) Your signed application.
- 2) Other material requested within this application. (Essay, Certifications)
- 3) All college/university transcripts. Unofficial transcripts are permitted.
- 4) Your 3 sealed reference forms.

Please submit your application and above requested materials to [crystaherman@weber.edu](mailto:crystaherman@weber.edu)

For more information, please contact Dr. Casey Neville at (801) 626-6068.

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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.

#### AFFIRMTIVE 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 \_\_\_\_\_

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:

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Name \_\_\_\_\_ Date \_\_\_\_\_

Rank or Title \_\_\_\_\_ Company \_\_\_\_\_

Evaluator Signature \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

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## WEBER STATE UNIVERSITY RADIOLOGIC SCIENCES - PERSONAL REFERENCE FORM

### I. APPLICANT INFORMATION (to be completed by applicant)

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 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:

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### 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)

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