WEBER STATE UNIVERSITY RADIOLOGIC SCIENCES - APPLICATION FOR ADMISSION
OUTREACH 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: Select your preferred Outreach facility. Separate applications are required for each site. Please note that hospitals may choose not to select any students for any given year.

Utah Outreach
☐ Ashley Regional – Vernal
☐ Banner Hospital – Page (AZ)
☐ Beaver Valley - Beaver
☐ Castleview – Price
☐ Cedar City – Cedar City
☐ Central Valley - Nephi
☐ Fillmore Community - Fillmore
☐ Garfield Memorial – Panguitch
☐ Gunnison Valley – Gunnison
☐ Mountain View – Payson
☐ Sanpete Valley – Mount Pleasant
☐ Sevier Valley - Richfield
☐ Uintah Basin - Roosevelt
☐ William Bee Ririe – Ely (NV)

4 Corners Outreach
☐ Blue Mountain – Blanding
☐ Chinle Comprehensive – Chinle (AZ)
☐ Mercy Regional – Durango (CO)
☐ Moab Regional – Moab
☐ Montezuma Health - Montezuma Creek
☐ Northern Navajo - Shiprock (NM)
☐ San Juan – Monticello
☐ San Juan Regional – Farmington (NM)
☐ Southwest Memorial – Cortez (CO)

Wyoming Outreach
☐ Bear Lake Mem. – Montpelier (ID)
☐ Evanston Regional – Evanston
☐ Memorial Hospital – Rawlins
☐ New Frontier Imag. – Rock Springs
☐ Riverton Memorial – Riverton
☐ St. John’s – Jackson
☐ Star Valley Medical – Afton
☐ Sweetwater Mem. – Rock Springs

Revised: October 2018
**STEP 4:** List the most-recent colleges/universities attended/currently attending. Official or unofficial transcripts from all institutions, including WSU, MUST be included.

<table>
<thead>
<tr>
<th>NAME OF INSTITUTION</th>
<th>DEGREE EARNED (YES or NO)</th>
<th>TYPE OF DEGREE EARNED (AAS, AA, AS, BA, BS, Other) / MAJOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

CNA: ☐ EMT: ☐ LPN: ☐ 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:

<table>
<thead>
<tr>
<th>NAME/RELATIONSHIP TO APPLICANT</th>
<th>DAYTIME TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

Revised: October 2018
**STEP 8:** Check all other WSU x-ray / other programs you have applied to, if applicable.

WSU-Ogden: □  Provo: □  Montana: □  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:** Include a $25.00 cashier’s check or money order payable to “WSU” or “Weber State University.” **NO CASH OR CARD ACCEPTED.** The application fee is non-refundable. Applications submitted without the fee will not be accepted.

**STEP 11:** Make sure to include your reference forms completed by your selected evaluators. Letters of recommendation cannot be substituted for the included reference forms.

**STEP 12:** Please submit TOGETHER, IN ONE PACKET 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 $25 application fee.
5) Your 3 sealed reference forms.

Submit application and above requested materials to:

DUMKE COLLEGE OF HEALTH PROFESSIONS
OFFICE OF ADMISSIONS ADVISEMENT
WEBER STATE UNIVERSITY
3875 STADIUM WAY DEPT. 3907
OGDEN UT  84408-3907

For more information, please contact the Office of Admissions Advisement at (801) 626-6136.

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.

Revised: October 2018
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.

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>ABOVE AVERAGE</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual Ability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Habits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual Curiosity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Communication Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Communication Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judgment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Hygiene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Stability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethical Standards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaction to Criticism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to Inspire Confidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness of Limitations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Revised: October 2018
WEBER STATE UNIVERSITY RADILOGIC 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 _________________________________________________________

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.

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>ABOVE AVERAGE</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual Ability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Habits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual Curiosity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Communication Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Communication Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judgment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Hygiene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Stability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethical Standards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaction to Criticism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to Inspire Confidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness of Limitations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Revised: October 2018
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.

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>ABOVE AVERAGE</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual Ability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Habits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual Curiosity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Communication Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Communication Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judgment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Hygiene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Stability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethical Standards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaction to Criticism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to Inspire Confidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness of Limitations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Revised: October 2018
A Reminder from the Office of Admissions Advisement…

If you are enrolled in ZOOL 2100/ZOOL 2200 or HTHS 1110/1111 during the Spring Semester you apply, you will need to turn in a **PROGRESS REPORT GRADE!**

The Progress Report Grade is due no later than **MARCH 1st**.

Your instructor needs to email the grade directly to **ericneff@weber.edu**.

Eric will not accept any grades that do not come directly from your instructor.

Your instructor will need to include the following information:

- Your Name
- The X-Ray Program You Are Applying To (Campus, Provo, or Outreach)
- The College / University You Are Currently Attending
- Name of the Course (ZOOL 2100, HTHS 1110, etc. **Transfer classes must be equivalent. Only science option courses are accepted.**)
- Your Current Grade in the Course
- Your W Number

It is ultimately your responsibility to ensure that progress grades have been submitted by March 1st. No late progress grades will be accepted!