

**DEPARTMENT OF RADIOLOGIC SCIENCES**  
**ADMISSION APPLICATION FOR REGISTERED RADIOGRAPHERS**  
**ONLINE RT TO BSRS PROGRAM**

Please complete all fields on the application – failure to complete the application could delay your application process. Application and \$15.00 fee must be submitted in order to be eligible for admission. **Completion of a University admissions form is also required.**

**International Students** new to the Department of Radiologic Sciences are required to attach to this application a typed, double-spaced historical narrative, fully describing their (1) previous training in radiology, if any (2) work experience in radiology, if any (3) educational goals as a student at the University of South Alabama, (4) long-term career goals and (5) a personal anecdote about their family or homeland or life experience.

**Contact Information**

Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Name Prefix:  Mr.  Mrs.  Ms.  Other      Name Suffix: (Ex: Jr., Sr., III, etc.) \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Other Name (Maiden, etc.): \_\_\_\_\_

Address: (where USA/Rad Sciences will send your mail):

Street Address/P.O. Box \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # - include area code: \_\_\_\_\_ Indicate type (cell, home, work) \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_ Indicate type (parents, home, etc.) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Other Contact Information**

Other Contact Information:  Parent  Guardian  Spouse

Name Prefix:  Mr.  Mrs.  Ms.

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Additional Identification Information**

Gender:

## Educational Background

)? \_\_\_ Yes \_\_\_ No

If yes, please provide a copy of your ARRT certification card along with this application.

If no, please explain. \_\_\_\_\_  
\_\_\_\_\_

## Previous College Information

**Please Note:** Applicants may not disregard any part of their educational history, and failure to report all institutions previously attended will be cause for cancellation of the admissions process or for dismissal from the University.

\_\_\_\_\_ College: \_\_\_\_\_

City/State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

College: \_\_\_\_\_

City/State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

\_\_\_\_\_ Please list any academic awards or honors that you have received below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACT Scores

\_\_\_\_\_ Composite \_\_\_\_\_ Math \_\_\_\_\_ English \_\_\_\_\_ Nat. Science

## Applicant Signature

I certify that the above information is true and complete. I understand that withholding information requested, or giving false information may make me ineligible for admission and enrollment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The University of South Alabama provides equal educational opportunities to and is open and accessible to all qualified students without regard to race, color, creed, national origin, sex, or qualified handicap/disability, with respect to all of its programs and activities.*

\*Information relating to your ethnic background is requested fo( (t)2 f)2 i4 (u)15.8edb i(i)2f)3 (y t (f)3 (y3.8n)3.8(d)3.8 i)A(pl)2e)4 m (n)3

## Applicant's Checklist

(Date) \_\_\_\_\_ Applied to the University of South Alabama Admissions Office  
**\$35.00 (online application)/\$45.00 (mailed/paper application)**  
fee submitted to