

APPLICATION FOR ADMISSION TO CAMERON UNIVERSITY'S RADIOLOGIC TECHNOLOGY PROGRAM

PERSONAL INFORMATION (PLEASE PRINT)

Name _____
First MI STUDENT ID

Former Name(s) or AKA (Also Known As): _____

Mailing Address

_____ House number and Street name (if you have a PO Box number you must also provide a physical address) City State Zip

Physical Address _____
House Number and Street name City State Zip

Phone: Cell or Home _____ Work Phone _____

Required email address for notification: _____ Are

you 18 years or older? YES NO Are you a registered sex offender? YES NO

REQUIRED DOCUMENTATION CHECKLIST

**SCAN EACH DOCUMENT AS A PDF SEPARATELY AND EMAIL THE PDFs TO:
DOUSLEY@CAMERON.EDU**

ALL OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED AT THE SAME TIME

_____ APPLICATION

_____ PHYSICAL ABILITY STANDARDS FORM

_____ BLS CPR DOCUMENTION (AMERICAN HEART ASSOC.)

_____ JOB SHADOWING EXPERIENCE FORM

SIGNATURES

I verify that I have read and understand the Admissions Process Booklet located at www.cameron.edu/rad and will abide by all the policies and procedures stated therein.

Signature _____ Date _____

Any falsification of information on the application or provided for the application packet will nullify the application or may result in the dismissal from Cameron University

Signature _____ Date _____