

APPLICATION FOR ADMISSION TO CAMERON UNIVERSITY'S RADIOLOGIC TECHNOLOGY PROGRAM

PERSONAL INFORMATION (PLEASE PRINT)

Name _____
Last 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 TO APPLY FOR
THE RADIOLOGIC TECHNOLOGY PROGRAM**

_____ APPLICATION

_____ PHYSICAL ABILITY STANDARDS FORM

_____ BLS CPR

_____ 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 _____

Student ID# _____

Name _____

Last

First

MI

Applied For: _____