

Attach a RECENT photograph
of yourself
(head & shoulders only)
SIZE NOT LARGER THAN
2x3 INCHES
(OPTIONAL)

APPLICATION FOR ADMISSION

PLEASE GIVE ACCURATE EMAIL ADDRESS. This will be the primary means of communication throughout the application process.

PLEASE PRINT OR TYPE

Full Name		Last	First	M.I.	(Maiden Name)
Address					
City			State	Zip Code	
Home Phone ()	Work Phone ()	Cell Phone ()		Other Phone ()	
E-mail Address			Have you applied previously? Y N	Birth Date (optional):	
Person to Notify in Case of Emergency			Relationship	Phone	

LIST INFORMATION REGARDING ALL Colleges ATTENDED BELOW: Use a separate sheet of paper is necessary.

Name of College(s) Attended	City & State	Entry Date	Exit Date	Degree/Diploma Received

Failure to disclose the names of all colleges attended will result in disqualification of the applicant.

Individual applying to the program must upon entry, either hold an associate's degree or be pursuing an associates or bachelor's degree through a program affiliated with the University of Central Arkansas or Pulaski Technical College.

Circle one: PTC UCA Independent – other degree previously obtained.

If you have had a misdemeanor or felony in the past, prior to acceptance into the program, you must submit a pre-application ethics review form for eligibility certification to ARRT and provide the school with documentation. This ensures that you will be eligible to complete the national licensure upon graduation. <https://www.arrt.org/pdfs/Ethics/Ethics-Review-Pre-Application.pdf>

I have been convicted of a felony – Date: _____

I have been convicted of a misdemeanor – Date: _____

If you would like to submit an explanation please attach a separate page (optional).

I am a: US Citizen Foreign Student: Alien Registration #: _____

Please be advised: The School of Radiologic Technology cannot accept non-immigrant applicants and is not an approved USCIS program.

Applicants are required to have official transcripts submitted from all colleges, or any other school attended; these transcripts must be mailed directly from the issuing institutions to the address below. NEITHER TRANSCRIPTS ISSUED TO STUDENTS NOR FAX COPIES ARE ACCEPTED.

Application, college transcripts and the \$50.00 application fee must be sent between November 1 and March 1 to:

School of Radiologic Technology
CHI St. Vincent Infirmary
2 St. Vincent Circle
Little Rock, AR 72205-5499

Signature of Applicant

Date