



DeKalb Medical

** Mail all correspondence, Transcripts, etc. to:
ATTN: R.T. Director of Radiology School

Application for Appointment as a Student Radiographer

Date _____ Year Applying For: 20_____

Please provide all of the needed information completely and thoroughly. Failure to submit all of the needed information will be considered an incomplete application and could possibly delay processing of application materials. **All application materials must be submitted by March 31st of the year you are applying for.**

Personal Data

Phone: _____ E-Mail Address: _____

Name _____
Last First Middle Maiden

Name preferred to be called: _____

Will you be 18 years old by the 1st Monday of September of the year you start? Yes No

Address _____
Number Street City State Zip

Person to notify in case of emergency: _____

Relationship _____ Work Phone _____ Home Phone _____

Address _____
Number Street City State Zip

Have you ever been arrested or convicted of a felony? No Yes.

Education

	From	To	Date Graduated	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

Please attach a **hand written paragraph** stating why you want to become a radiographer.

****Important:** We must have **official** high school/ college transcripts (from all schools attended) and SAT or ACT scores. We will be interviewing in April for the class beginning September. **

DeKalb Medical does not discriminate on the basis of race, color, creed, sex, religion, natural origin, or disabilities.

How did you hear about our program? Internet friend/ work other _____

Have you ever volunteered? Yes No

Please list any volunteer programs/ associations/ experience (ex. Churches, youth organizations, nursing home, hospital)

Employment (List last employer first)

Employer	Address	Telephone
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Position Held	From	To	Reason for Leaving
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Employer	Address	Telephone
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Position Held	From	To	Reason for Leaving
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References

Please provide 3 (three) references below. References must be teachers, professors, supervisors, managers, or employers. *No relatives please.* Each reference **will be mailed** a reference form to complete and return,

1. _____
Name Title Relationship

Address (Number, Street, City, State, Zip) Telephone

2. _____
Name Title Relationship

Address (Number, Street, City, State, Zip) Telephone

3. _____
Name Title Relationship

Address (Number, Street, City, State, Zip) Telephone

The information provided in this application is true and complete to the best of my knowledge.

Signature _____

Date _____

Rev. 2/10

FOR SCHOOL USE ONLY:

DATE APPLICATION RECV'D: _____

APPLICATION FEE RECV'D _____