



Admission Form

DIRECTIONS: please complete accurately and completely. Misrepresentation of application information is sufficient grounds for cancelling admission. A \$20.00 non-refundable application/records fee must be included with application to complete the acceptance process. Submit high school and/or college transcripts with the application. Rice Memorial Hospital School of radiologic Technology does not discriminate on the basis of race, color, creed, sex, age, physical challenges, or national origin.

This application is for: Fall, _____ U.S. Social Security Number: _____
Year

Please Print

1. Name in full: _____
Last First Middle Maiden/Previous Last Name

2. Permanent Address: _____
Address County
City State Zip Code

3. Present Mailing Address (if different from above): _____

4. E-mail address _____

5. Telephone No., including area code: Home _____ Work: _____

6. State in which your residence is located: _____ If Minnesota, how long have you lived here? _____

7. Are you a U.S. citizen? Yes _____ No _____
If not, type of visa: _____ permanent resident (enclose copy of green card) _____ student visa
_____ refugee (enclose proof) _____ other (specify) _____
If you are a non-immigrant, please contact the School of Radiologic Technology for further information.

8. Education record: names of high schools, colleges, and technical schools attended.
Note: Federal financial aid applicants must provide high school diploma/transcript or GED completed certificate.
High School(s) you have attended or are currently attending:

Name of High School(s)	City/State	From (mo/yr) to (mo/yr)	Graduation Date

Instead of a high school diploma, have you passed a GED exam? Yes _____ No _____ If yes, include a certificate copy.

Have you ever attended a college or post-secondary institution? Yes _____ No _____
If yes, please contact each college and request that an official transcript be sent directly to the School of Radiologic Technology.
Colleges, technical or other post-secondary education:

Name of Post Secondary School(s)	City/State	From (mo/yr) to (mo/yr)	Credits completed, certificate, degree or diploma received

9. Name of spouse, parent, or guardian (if you are under age 21): _____

10. Name, telephone number and address of person to contact in case of emergency:

Name _____ Home telephone _____ Work telephone _____

Address

City

State

Zip Code

11. List school and community activities and any office you have held:

12. Have you served in the armed forces of the United States? If so, dates: _____
From: Month/Year To: Month/Year

13. I certify that the information I have provided on this application and in all other admission application materials is complete, accurate, and true to the best of my knowledge. (Application must be signed and dated.)

Applicant's Signature

Date

High School Counselor's Comments (optional): Any information about the applicant is welcome but not required. If there is information that would help us to assist the student, please comment. Add additional sheets as necessary.

ACT: _____ SAT: _____
English Math Reading Science Composite Math Reading

Applicant's high school rank (from the top): _____ in a class of _____ students.

If rank is not computed, indicate decile from the top: _____.

Has the student graduated? Yes _____ No _____ Will graduate _____ Month _____ Year

Signature _____ Title _____ Date _____

Recent federal and state legislation requires that the contents of student files be open to review by the student. Application forms, high school transcripts, test data, letters and recommendations that are sent as part of an application for admission will be open to the student's review upon request.

Checklist:

- Sign the application form. Application deadline is November 30th of each year.
- Federal financial aid applicants must provide their high school diploma/transcript or GED completed certificate. Contact your high school counseling or records office and request to have your transcript sent to the college. Instruct your school to include your test and rank information.
- Contact any college (post-secondary institutions) you have attended and request to have your transcript(s) sent to the Rice Memorial Hospital School of Radiologic Technology.
- The following requirement applied to students born after 1956; Minnesota Statutes, Section 135A.14 requires that a "Statement of Immunization" be submitted within 45 days of the academic term for which the student has registered.

Send completed applications to:

Rice Memorial Hospital
School of Radiologic Technology
301 SW Becker Avenue
Willmar, MN 56201