Computed Tomography

Fall 2016 Program Application

Middlesex Community College | Office of Admissions
100 Training Hill Road | Middletown CT 06457-4889
T 860.343.5719 | F 860.344.3055 | www.mxcc.edu

For Office Use Only	Date
Banner ID	@
Prerequisites Completed	☐ Yes ☐ No
Accepted into the Program	☐ Yes ☐ No

Admission to the Computed Tomography Program is selective and space is limited. This application does not guarantee acceptance.
The application deadline is June 30, 2016. No late applications or documentation will be accepted.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

APPLICANT'S LEGAL NAME (Last)	(First)	(Middle)

ARRT CERTIFICATION NUMBER

SOCIAL SECURITY NUMBER	BIRTH DATE (Month/Day/Year)	CURRENT MxCC STUDENT?
		☐ Yes ☐ No *MxCC New Student Application must also be on file.*

ADDRESS (No. and Street) (Apt. #)	(City or Town)	(State) (Zip Code)

HOME TELEPHONE (Area Code)	CELL (Area Code)	Are you a United States Citizen?
		☐ Yes ☐ No ☐ Permanent Resident

COMMUNITY COLLEGE E-MAIL ADDRESS (***all emails will be sent to your new community college email address. You can look up your new email address in myCommNet).***

PERSONAL E-MAIL ADDRESS

ACADEMIC REQUIREMENTS	**Date Completed**
Proof of High School Completion	
Official copy of all college or university transcripts and SAT/ACT scores (if any). If you have completed courses at Middlesex Community College you do not need to submit a transcript from MXCC.	
Copy of ARRT Certification	
Copy of Current Radiographer License	
SUPPLEMENTAL REQUIREMENTS	
Complete Immunization Records	
Three Letters of Recommendation (Typed) Must be from current or former employers/professors.	

ACADEMIC INFORMATION

College/University/Hospital attended for Radiologic Technology Program:

_____

Semester of Completion: _____

Degree Earned: _____

What is the highest degree that you have earned (circle one):

No degree
Associates Degree
Baccalaureate Degree
Master's Degree
Doctoral Degree

List ALL Colleges or Universities attended. Failure to submit official transcripts from all previously attended colleges & universities (including CT Community Colleges) by **June 30, 2016** will make you ineligible for the 2016-2017 academic year.

Name of School & Address (City, State & Country if outside the U.S.)	Dates Attended	Degrees/Certifications Earned
1.		
2.		
3.		
4.		
5.		
6.		

If you have attended additional colleges, please list them on a separate sheet of paper and submit along with your application. Students who have attended or are currently attending one of the twelve Connecticut Community Colleges must submit community college transcripts ***from all previously attended Connecticut Community Colleges***. ***No deadline extensions will be given to applicants who fail to submit required transcripts from the CT Community College System by the application deadline.***

All transcripts must be final transcripts. All transcripts (including those with course withdrawals, course failures, and remedial/developmental courses) must be submitted regardless of the age of the transcripts and applicability to the Computed Tomography Program. This includes any college credits earned while in high school.

SUBMISSION OF APPLICATION

I have provided true, correct, and complete information. I have read and I understand the information provided in the application instructions and the application packet. I understand that I must submit all official supporting documents to the Middlesex Community College Admissions Office by **June 30, 2016** in order to be considered for admission to the 2016-2017 Computed Tomography Program. I realize that any misleading information on this application may be cause for dismissal. I request the college forward to me at the email address I have provided all correspondence, including personally identifiable information pertaining to me from College records that is protected by FERPA.

Please check one:

❒ I agree to the above statement. ❒ I do not agree to the above statement.

Signature: _____

Date: _____