Radiologic Technology

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 Prog		gram	☐ Yes	□ No

Admission to the Radiologic Technology Program is selective and space is limited. This application does not guarantee acceptance.

The application deadline is April 1, 2016. No late applications or documentation will be accepted.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

APPLICANT'S LEGAL NAME (Last)	(First)	(Middle)	
SOCIAL SECURITY NUMBER	BIRTH DATE (Month/Day/Year)	CURRENT MxCC STU	JDENT?
		☐ Yes ☐ No Д	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 St	ates Citizen?
		☐ Yes ☐ No	
		☐ Permanent Re	sident
COMMUNITY COLLEGE E-MAIL ADDRESS (an email address in myCommNet).	ll emails will be sent to your new community college em	ail address. You can lo	ook up your new
eman address in mycommivety.			
PERSONAL E-MAIL ADDRESS			
ACADEMIC REQUIREMENTS	Grade Earned	Semester Completed	
Competency in Basic Computer Sk CSC*101 or equivalent, or a "pass" on the C Academic Success Center.	ills omputer Proficiency Test administered in the MXCC		
English Composition (ENG*101) Grade of "C" or higher by the application de	eadline.		
Anatomy & Physiology I (BIO*211) Grade of "C+" or higher, completed within 9			
Anatomy & Physiology I (BIO*212) Grade of "C+" or higher, completed within s during, but no later than the spring semeste	5 years prior^ to application deadline or completed		
Minimum Rad Tech GPA of 2.7			
Mid-Term Grade Report			
	ersity transcripts and SAT/ACT scores (if any) a Community College you do not need to submit a		
SUPPLEMENTAL REQUIREMENT	rs		
Complete Immunization Records			
Completed Radiologic Observation	1		
One-page biography/personal state	tement		
Three Letters of Recommendation Must be from current or former employers,			

^{^&}quot;Five years prior" is defined as having completed the course between December 2010 (fall 2010 semester) and the application deadline.

ACADEMIC INFORMATION

Date:_____

Have you previously been enrolled in another allied health program?			Yes No		
If you answered "yes", please provide the following in					
Name of program					
College/University attended					
Reason for leaving the program					
What is the highest degree that you have <u>earned</u> (circle one):			No degree Associates Degree Baccalaureate Degree Master's Degree Doctoral Degree		
List <u>ALL</u> Colleges or Universities attended. Failure to submit official transcripts from all previously attended colleges & universities (including CT Community Colleges) by April 1, 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		
, ,					
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 <i>from all previously attended Connecticut Community Colleges</i> . <i>No deadline extensions will be given to applicants who fail to submit required transcripts from the CT Community College System by the application deadline.</i> All transcripts must be <u>final transcripts</u> . Students taking courses in the fall or winter semester prior to applying must submit transcripts that include their fall & winter grades. 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 Radiologic Technology 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 <u>all official supporting documents to the Middlesex Community College Admissions Office by April 1, 2016</u> in order to be considered for admission to the 2016-2017 Radiologic Technology 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. Signature:	☐ I do not agree to	the ab	ove statement.		