|  |  |
| --- | --- |
| **For Office Use Only** | Date |
| Banner ID | @ |
| Prerequisites Completed □ Yes □ No  |
| Accepted into the Program □ Yes □ No |

**Computed Tomography**

Fall 2019 Program Application

Middlesex Community College │Office of Enrollment Services

100 Training Hill Road │ Middletown CT 06457-4889

T 860.343.5719 │F 860.344.3055│www.mxcc.edu

*Admission to the Computed Tomography Program is selective and space is limited. This application does not guarantee acceptance.*

***The application deadline is June 1, 2019. No late applications or documentation will be accepted.***

***PLEASE PRINT CLEARLY USING BLUE OR BLACK INK***

|  |
| --- |
| APPLICANT’S LEGAL NAME (Last) (First) (Middle) |
| ARRT or NMTCB CERTIFICATION NUMBER |
| SOCIAL SECURITY NUMBER | BIRTH DATE (Month/Day/Year) | CURRENT MxCC STUDENT?*MxCC New Student Application must also be on file.*□ Yes □ No  |
| 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 or NMTCB Certification** |  |
| **Copy of Current Radiographer License** |  |
|  |  |
| **SUPPLEMENTAL REQUIREMENTS** |  |
| **Complete Immunization Records** |  |

**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 1, 2019** will make you ineligible for the 2019-2020 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 Office of Enrollment Services by **June 1, 2019** in order to be considered for admission to the 2018-2019 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: