

# Application for admission

All applicants have equal access to the program without regard to race, color, religion, sex or sexual orientation, gender identity, national origin, age, physical disability, marital status, or military veteran status.

## Personal information

Name: \_\_\_\_\_  
Last First Middle initial

Permanent address: \_\_\_\_\_  
Street City State ZIP

Present mailing address (if different): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

U.S. citizenship: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever previously applied to this school? \_\_\_\_\_ Yes \_\_\_\_\_ No

In case of emergency, notify: \_\_\_\_\_  
Name Phone

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No **Misdemeanor?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date: \_\_\_\_\_ Offense: \_\_\_\_\_

## Education

School	Name and location of school	Years attended From _____ to _____	Date diploma received
College/University			
College/University			
College/University			

## Employment

List your most recent employer first.

Name and address of previous employers	Kind of business	Employed From _____ to _____	Position held

## Career statements

In a separate document explain:

1. Why you have chosen radiography as a career?
2. Describe the daily duties of a radiographer.
3. Describe your health care experience (employment, volunteer work or job shadowing).

## Recommendations

Please use recommendation forms for our program, which are available on the web site.

**Provide contact information for your recommendations used. Recommendations should be supervisor, employer, instructor, or advisor.**

### Recommendation #1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

### Recommendation #2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

### Recommendation #3:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

## Admissions checklist

1. \_\_\_\_\_ Mail completed application by December 15.
2. \_\_\_\_\_ Send all previous college transcripts. Fall transcripts may be sent to us separately.
3. \_\_\_\_\_ Read, sign and submit the Technical Standards.
4. \_\_\_\_\_ Submit responses to the Career Statements.
5. \_\_\_\_\_ Send three completed recommendations (follow instructions on forms).
6. \_\_\_\_\_ Enclose \$25 check (no cash) payable to Sanford Health for application fee. (Non-refundable)
7. \_\_\_\_\_ Students must have an overall GPA of 3.0 or higher to be eligible for admission into the program.

*Note: All of the above requirements should be submitted in one large envelope addressed to:  
Sanford Radiography Program  
300 N. Seventh Street  
Bismarck, ND 58501  
Route #20597*

\* It is the student's responsibility to assure their file is complete prior to the admissions deadline. If a file is not complete, the student will not be considered for an interview. Only Fall transcripts will be accepted after the December 15 deadline.

By signing this form, I certify that the statements made on the application are true and complete. I understand that any false statements made on the application constitute sufficient cause for rejection of this application for admission and/or dismissal from the program following enrollment.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_