

**EAST ARKANSAS COMMUNITY COLLEGE
Radiologic Technology Program**

APPLICATION FOR ADMISSION

Name: _____
Last First Middle Maiden

Address: _____
Street/P.O. Box City State Zip Code

Phone: () () () _____
Home Work Cell

Student ID #: _____ Email: _____

Please indicate type of admission sought:

_____ **Initial Application** _____ **Readmission**

List all colleges/universities/technical schools attended. It is the student's responsibility to contact **all** of the institutions previously attended and request your OFFICIAL transcript be sent to **BOTH** the **Office of the Registrar and Department of Allied Health Science – Radiologic Technology Program**. Please use back of form, if more space is needed.

Note: Each transcript must be sent even if grades are recorded on another transcript. All transcripts must be mailed directly from the institution(s) to be considered official. All requested transcripts/information must be received by the application deadline.

College _____ Dates attended _____

College _____ Dates attended _____

College _____ Dates attended _____

_____ I certify that the above information is accurate. Applicants who misrepresent/omit information from the application form become ineligible for admission or subject to dismissal after admission has been granted.

SIGNATURE: _____ **DATE:** _____