

**APPLYING FOR TERM** 

NOTE: Both sides of this application MUST be signed.

# MRI PROGRAM ADMISSION APPLICATION

FALL (circle one)

### Please print or type when completing this form and return it to:

20

Department of Allied Health & Career Programs Room 4453 or 4457 South Suburban College, 15800 S. State Street, South Holland, IL 60473 **Do not return this application until all steps are complete.** 

SPRING SUMMER

Last Name:	Maiden:	First	:		MI:
Colleague ID Number:		Daytime Phone	:( )	121	
Address:					
City:		_ State: Zip:			
Email Address:			100		
All transcripts must be on file PLEASE NOTE: All informat		· · · · · · · · · · · · · · · · · · ·	•		•
<b>Professional Certification</b>					
Complete the table below, and submit	a copy of the certifica	te with this application	on.		
Name of Organization	Date Issued	Valid Thru	Identific	ation#	Category
Academic Background					
High School Attended:		City:			State:
Date of graduation:	(or) Date of G	ED:			
School/College/University		<u>Dates Attended</u>		Diploma/Degree Earned	
Signature:			Date:		

## Radiology Experience

What type of jobs have you held: (List the most recent one first)

Position/Title	Dates of Employment	Employer		
Are you currently employed?  If yes, how many hours per week	Please circle one. YES NO			
of the profession to ensure that they are	eligible to receive a license following completion	ensure procedures and requirements and state laws on of the MRI Program at South Suburban College. creening is usually required by most employers.		
Signature:		Date:		

NOTE: After reading you must sign both sides of this application.

## **Radiology Experience**

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Position/Title	Dates of Employment	Employer		
Are you currently employed?	Please circle one. YES NO			
If yes, how many hours per week	·?			
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Signature:	Date:			

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School/College/University	College/University Dates Attended		<u>Diploma/Degree Earned</u>	
	<del></del>			
Signature:			Date:	