

**DEPARTMENT OF RADIOLOGIC SCIENCES  
ADMISSION APPLICATION FOR REGISTERED RADIOGRAPHERS  
RADIOLOGIC SCIENCES CERTIFICATE PROGRAM**

Please complete all fields on the application – failure to complete the application could delay your application process. Application and \$15.00 fee must be submitted by MAY 1st in order to be eligible for admission for the Fall Semester. **Completion of a University admissions form is also required. Admission to the University does not guarantee admission to this program.** The Dept. of Radiologic Sciences phone number is (251) 445-9346.

**International Students** new to the Department of Radiologic Sciences are required to attach to this application a typed, double-spaced historical narrative, fully describing their (1) previous training in radiology, if any (2) work experience in radiology, if any (3) educational goals as a student at the University of South Alabama, (4) long-term career goals and (5) a personal anecdote about their family or homeland or life experience.

**Contact Information**

Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Name Prefix:  Mr.  Mrs.  Ms.  Other Name Suffix: (Ex: Jr., Sr., III, etc.) \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Other Name (Maiden, etc.): \_\_\_\_\_

Address: (where USA/Rad Sciences will send your mail):

Street Address/P.O. Box \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # - include area code: \_\_\_\_\_ Indicate type (cell, home, work) \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_ Indicate type (parents, home, etc.) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Other Contact Information**

Other Contact Information:  Parent  Guardian  Spouse

Name Prefix:  Mr.  Mrs.  Ms.

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Additional Identification Information**

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No Is this the first time you have applied to this program?  Yes  No

\*Ethnic Background:  Nat Amer/Amer Indian/AK Nat  Asian  Middle Eastern  
 Caucasian  Nat HI/Pacific Islander  Black/African Amer  Hispanic  Other

Are you currently enrolled at USA?  Yes  No If yes, J# \_\_\_\_\_

**Educational Background**

*Are you a registered Radiologic Technologist (RT)?* \_\_\_ Yes \_\_\_ No

If yes, please provide a copy of your ARRT certification card along with this application.

If no, please explain. \_\_\_\_\_

\_\_\_\_\_

**Previous College Information**

**Please Note:** Applicants may not disregard any part of their educational history, and failure to report all institutions previously attended will be cause for cancellation of the admissions process or for dismissal from the University.

**College-Based Radiography Program:**

College: \_\_\_\_\_

City/State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

College: \_\_\_\_\_

City/State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**Academic Awards or Honors:** Please list any academic awards or honors that you have received below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACT Scores**

*If you know your ACT scores, please list them in the appropriate places below, and then forward an official copy of your scores to this department.*

\_\_\_\_\_ Composite \_\_\_\_\_ Math \_\_\_\_\_ English \_\_\_\_\_ Nat. Science

\_\_\_\_\_

## Track/Options

Please indicate the Track/Option you would like to pursue (choose one).

### Track 1: MRI, CT, Mammography, Vascular Radiography, or Radiology Administration (choose one modality)

\_\_\_\_\_ *MRI* - 1 day clinic/1 class per week (Fall/Spring); 2 days clinic/1 class per week (Summer) - 3 semesters total

\_\_\_\_\_ *Computed Tomography* - 1 day clinic/1 class per week (Fall/Spring); 2 days clinic/1 class per week (Summer) - 3 semesters total

\_\_\_\_\_ *Mammography* - 1 day clinic/1 class per week (Fall/Spring); 2 days clinic/1 class per week (Summer) - 3 semesters total

\_\_\_\_\_ *Vascular Radiography* - 1 day clinic/1 class per week (Fall/Spring); 2 days clinic/1 class per week (Summer) - 3 semesters total

\_\_\_\_\_ *Radiology Administration* - 2 online classes - Fall & Spring, Preceptorship in Summer - 3 semesters total

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### Track 2: Ultrasound only

\_\_\_\_\_ *Ultrasound* - Clinic/Class 5 days/week (Fall/Spring/Summer) - 3 semesters total

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### Track 3: Radiation Therapy only

\_\_\_\_\_ *Radiation Therapy* - Clinic/Class 5 days/week (Fall/Spring/Summer) - 3 semesters total

If you are not selected for your first choice in modalities, do you have a ***second choice***? If so, please indicate what your second choice would be. \_\_\_\_\_

***Please note that the number of slots available in each modality is limited to the number of clinical spaces available.***

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### Applicant Signature

I certify that the above information is true and complete. I understand that withholding information requested, or giving false information may make me ineligible for admission and enrollment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*The University of South Alabama provides equal educational opportunities to and is open and accessible to all qualified students without regard to race, color, creed, national origin, sex, or qualified handicap/disability, with respect to all of its programs and activities.*

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**\*Information relating to your ethnic background is requested for reporting requirements to the Department of Education. The data requested will be used only for the required reports to this agency and will not be used in any way in the admission process.**

## Applicant's Checklist

- (Date) \_\_\_\_\_ Applied to the University of South Alabama Admissions Office  
**\$35.00 (online application)/\$45.00 (mailed/paper application)**  
fee submitted to **USA Admissions** (address below), if applicable.
- (Date) \_\_\_\_\_ Applied to Radiologic Sciences Admissions Committee -- **\$15.00** fee  
submitted to **USA Radiologic Sciences** (address below).
- (Date) \_\_\_\_\_ \*College transcripts forwarded to USA Admissions **and** Radiologic  
Sciences Department.
- (Date) \_\_\_\_\_ \*ACT or SAT scores forwarded to USA Admissions **and** Radiologic  
Sciences Department.

\*Addresses to mail transcripts and ACT/SAT scores:

Admissions Office  
University of South Alabama  
Meisler Hall Suite 2500  
Mobile, AL 36688-0002

Admissions Committee  
Department of Radiologic Sciences  
HAHN 3015  
5721 USA Drive North  
Mobile, AL 36688-0002  
FAX # 251-445-9347

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Applications for the Department of Radiologic Sciences can be either mailed or faxed to the department at the address or fax number listed above.

Revised: December 2022