

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: _____

Have you ever previously applied to this school? _____ Yes _____ No

Have you ever been dismissed or withdrawn from a Radiography Program? _____ 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 of 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 website. Provide contact information for recommendations used. Recommendations should be from a 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. _____ Completed application accepted November 1 to December 1.
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 form).
6. _____ Enclose a \$25 check (no cash) payable to Sanford Health for application fee. (Nonrefundable)
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 #20074

*It is the student's responsibility to ensure 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 1 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: _____