

Radiologic Technology Application

Please print legibly

Student ID Number _____ Social Security Number _____ Birthdate _____
MM / DD / YYYY

Name _____
First M.I. Last

Mailing Address _____
Number Street City State Zip Code

Primary Phone # (____) _____ Secondary # (____) _____ E-Mail _____

Application Checklist: Completed Radiologic Technology Application External/Chaffey Transcript Evaluation

Check if applicable: U.S. Armed Services Veteran AA/AS BA/BS Limited Permit Certificate
Prior acute care hospital work experience documentation

List All Colleges Attended	College Degree Earned	List All Colleges Attended	College Degree Earned

Please Note New students and students who have not maintained continuous attendance at Chaffey College are required to meet the graduation requirements effective with the current Chaffey College Catalog.

Prerequisite Courses	Equivalent Course	Term Completed	Grade	College Attended
Anatomy & Physiology, plus Lab - BIOL 424 / 424L or Human Anatomy – BIOL 20 (Must be completed within last 5 years)				
Medical Terminology – BIOL 30				
Chemistry - CHEM 9; 10; 21, 21L1 and 21L2; or PHYS 5 or higher, or one year high school chemistry or physics				
Math - MATH 425 or higher level math, or STAT 10, or SCSCI 10, or as required for graduation (effective FA11)				

General ED Requirements	Equivalent Course	Term Completed	Grade	College Attended
English Composition – ENGL 1A (effective FA09)				
Communication & Analytical Thinking				
Natural Science with Laboratory				
Arts				
Humanities				
American Institutions				
Behavioral Sciences				
Multicultural / Gender Studies (prior to FA11)				
PE, Recreation & Wellness (prior to FA11)				
Computer Literacy (prior to FA10)				

I certify that the information I have given is true and correct and I have not withheld any facts or circumstances. I understand that all responses given are subject to verification, and any falsification, misrepresentation, or omission of facts are sufficient reason for dismissal upon discovery at any time during enrollment in the RT program.

I acknowledge that it is my responsibility to verify the Transcript Evaluation and the points awarded for accuracy. If I have any questions regarding the Transcript Evaluation, I can contact a senior full-time counselor in the Chaffey Counseling Department at (909) 652-6200.

Student Signature _____

Date _____