

**DEPARTMENT OF RADIOLOGIC SCIENCES
ADMISSION APPLICATION FOR REGISTERED RADIOGRAPHERS
BRIDGE BACHELOR OF SCIENCE IN RADIOLOGIC SCIENCES**

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 Easterner
 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 Option 1: Two Modalities (choose two)

_____ *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

Track 1 Option 2: One Modality AND Radiology Administration

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

(Choose one)

_____ *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

Track 2: Ultrasound only

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

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.

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: _____

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.

***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

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