

**DEPARTMENT OF RADIOLOGIC SCIENCES  
ADMISSION APPLICATION FOR REGISTERED RADIOGRAPHERS  
ONLINE RT TO BSRS 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 in order to be eligible for admission. **Completion of a University admissions form is also required.**

**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

**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

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## Application Deadlines

<b>Semester of Entry</b>	<b>Deadline</b>
Fall (August)	July 15
Spring (January)	December 1
Summer (June)	May 1

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