

Application for Admission to Lakeland Regional Medical Center School of Radiologic Technology

Date _____

Print name in full: _____
Last
First
Middle

Maiden Name or other Last Names Used: _____

Home address: _____
Number and Street

City
State
Zip Code

Phone Number: _____ **Social Security Number:** _____

Will you be 18 prior to July 1st? YES _____ NO _____

Are you a citizen of the United States?
 YES _____ NO _____

If you are not a United States citizen, do you have a legal right to work in the United States?
 YES _____ NO _____

Year of high school graduation: _____ **High School GPA** _____

If GED, what state? _____ **GED Score** _____

Please list information regarding all colleges attended.

Colleges Attended	City & State	Date of Entrance	Date of Leaving	Diploma or Degree Received

If a program was not completed or a diploma/degree was not received, please state the reason.

Please check the pre-requisite courses you have successfully completed:

Basic Anatomy & Physiology or Anatomy & Physiology I & II
 Introduction to Computers English Composition
 Intermediate Algebra or higher Ethics
 Medical Terminology

Of the pre-requisite courses not completed, please indicate the planned completion date(s).

If you have had any healthcare, professional, or business experience please give facts with dates:

Please list your hobbies or extracurricular activities that you enjoy:

Person to be notified in case of emergency:

Name _____ Telephone Number _____

Address _____

Prospective students must call the Program office for an appointment to observe in the Department of Radiology for a minimum of four hours on a Monday – Friday from 8:00 a.m. - 12:00 Noon.

For an appointment please call 863-687-1100, extension 3768 or 3769.

LRMC Observation Date: _____

Program application, official sealed copies of your high school and college transcripts, and the two reference forms along with the \$25.00 application fee are to be sent to:

Radiography Program Director
LRMC School of Radiologic Technology
P.O. Box 95448
Lakeland, FL 33804

Please make the check for the \$25.00 application fee made payable to *Lakeland Regional Medical Center*. The references must be from a previous (within the last two years) or present employer, and/or from a high school/college instructor or counselor.

Applications are accepted from November through February 15th of each year. Processing of applications begins in January.

