KISHWAUKEE COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
Application for Admission

Please TYPE or PRINT the following:

Student ID Number: ____________________________________________

Name:
Last ____________________________________________ First ____________________________ Middle ____________________________ Maiden ____________________________

Address:
No. & Street ____________________________________________ City ____________________________ State ____________________________ Zip ____________________________

Telephone: Home: ____________________________ Work: ____________________________ Cell: ____________________________

E-mail (optional): __________________________________________________________________________

I wish to have future admission correspondence sent to me via e-mail: ☐ YES ☐ NO

List ALL colleges and high schools attended. LIST MOST RECENT FIRST.

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<th>NAME OF INSTITUTION</th>
<th>CITY and STATE</th>
<th>ENTRANCE DATE</th>
<th>EXIT DATE</th>
<th>DIPLOMA or DEGREE</th>
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List the name and telephone numbers of three (3) employment and/or academic references who can attest to your:

- Interpersonal communication skills
- Flexibility in changing situations
- Commitment to goals
- Rapport with diverse individuals

It is your responsibility to contact and ask the individuals identified to send a signed letter of recommendation to the program director. References may be contacted to verify information.

1. Name: ____________________________________________ Phone: ____________________________
2. Name: ____________________________________________ Phone: ____________________________
3. Name: ____________________________________________ Phone: ____________________________

I hereby authorize Kishwaukee College to personally contact all references I have listed for the purpose of obtaining information, which may affect my admission into the Radiologic Technology Program. I understand that withholding information requested on this application or giving false information may cause my application for admission to be ineligible. I certify that the statements on and submitted with this form are correct and complete.

____________________________________________________  ______________________________________
Signature of Applicant                                      Date

7/16/2014
APPLICATION ESSAY
Typed responses to the following questions must accompany the application:

1. Explain what stimulated your interest in the field of medical imaging.

2. Based upon your personal research, describe the following regarding the field of medical imaging:
   - The role of a Radiologic Technologist in the diagnosis and treatment of patients.
   - The skills and characteristics required to be successful in the field of medical imaging.
   - Areas of advancement and specialization available to Radiologic Technologists.
   Research should include a minimum of three (3) sources, such as books, professional magazines, interviews with student technologists, technologists or radiologists, ASRT.org and other Internet sources.

3. Describe yourself as a person to include:
   - Your strengths and weaknesses.
   - Your accomplishments.
   - Why you want to be a Radiologic Technologist.
   - Your short and long term professional goals.

4. Describe your personal characteristics and life experiences that you feel will contribute to your success as a student and professional technologist.

5. List all research resources used.

Submit your official high school and college transcripts, radiology application, radiology essay, and letters of reference with the $10.00 application fee to:
   Radiologic Technology Program Director
   Kishwaukee College
   21193 Malta Road
   Malta, IL 60150-9699