

RADIOLOGIC TECHNOLOGY

APPLICATION FOR ADMISSION

University of Southern Indiana
School of Nursing and Health Professions
8600 University Boulevard
Evansville IN 47712
www.usi.edu or health.usi.edu



Application deadline
September 15

PERSONAL INFORMATION

Name _____
LAST FIRST MI MAIDEN

SSN _____ Date of Birth _____

Email Address _____

Local Address _____

City _____ State _____ Zip Code _____

Local Phone Number _____ Cell Phone Number _____

Permanent Address (if different from local address) _____

City _____ State _____ Zip Code _____

Permanent Phone Number _____

EDUCATION

Institution	Major	Start Date	End Date

ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE BOX:

1. Have you ever been on probation, suspended, dismissed from, or refused admission to any college or university? Yes ____ No ____
2. Have you ever been convicted of a crime (misdemeanor or felony)? Yes ____ No ____

If you answered yes to either question, please write a complete explanation and attach it to application.
Failure to comply will void this application.

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO AUTHORIZE THE DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM ADMISSIONS COMMITTEE TO REVIEW AND VERIFY MY APPLICATION AND ACADEMIC RECORDS.

Signature Date

Important Note: Application without signature and date will not be accepted.