



INSTRUCTIONS: Please type or print clearly in black ink. Please submit the application and all application materials to the address below from May 1<sup>st</sup> to May 31<sup>st</sup>.

**INCOMPLETE APPLICATION PACKETS WILL NOT BE PROCESSED.**

APPLICATION FOR FALL \_\_\_\_\_(year)

<b>PERSONAL INFORMATION</b>
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LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SSN#: \_\_\_\_\_ HOME PHONE (H): \_\_\_\_\_

OTHER PHONE : \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLEASE ATTACH THE FOLLOWING:

RESUME, TO INCLUDE ANY VOLUNTEER EXPERIENCE IN HEALTHCARE

2 LETTERS OF REFERENCE (PREFERABLY FROM HEALTHCARE FACILITIES)

ESSAY Write a personal statement introducing yourself, your goals, and your interests and achievements. Include your reasons for wanting to attend the radiology program. Also include a description of a real-life situation where your problem-solving skills and your critical thinking ability were demonstrated. This essay is designed to demonstrate your communication, writing, and thinking/problem-solving skills.

JOB SHADOW STATEMENT

OFFICIAL (SEALED) COPIES OF TRANSCRIPTS (May be sent directly to school)

BE SURE TO COMPLETE THE SECOND PAGE OF THIS APPLICATION.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Send application and attached materials to:

**Medical Imaging Education  
Red Rocks Community College  
5420 Miller St.  
Arvada, CO 80002-3069**

**Applications may be hand delivered. Applications which are mailed must be postmarked no later than May 31<sup>st</sup>. Applications received before or after the application period will not be considered.**

**APPLICATION CHECKLIST**

To ensure that we have received a complete packet from you, we would like to know exactly what we should be expecting to arrive. All items must be received by the program office by the end of the application period (May 31<sup>st</sup>) for the candidate to be considered eligible.

**I have requested transcripts from the following colleges: (do not request transcripts for any RRCC courses)**

College name: \_\_\_\_\_ Date requested: \_\_\_\_\_

College name: \_\_\_\_\_ Date requested: \_\_\_\_\_

College name: \_\_\_\_\_ Date requested: \_\_\_\_\_

College name: \_\_\_\_\_ Date requested: \_\_\_\_\_

**Courses I would like RRCC to consider as transfer courses in place of current general education and prerequisite courses and the institution where the course was taken (*must provide course description if not an equitable transfer*):**

Course: \_\_\_\_\_ School: \_\_\_\_\_ In place of: \_\_\_\_\_

Course: \_\_\_\_\_ School: \_\_\_\_\_ In place of: \_\_\_\_\_

Course: \_\_\_\_\_ School: \_\_\_\_\_ In place of: \_\_\_\_\_

Course: \_\_\_\_\_ School: \_\_\_\_\_ In place of: \_\_\_\_\_

**Other Information:** \_\_\_\_\_

\_\_\_\_\_

**Post application process (*school use only*)**

Date Application Received: \_\_\_\_\_

Objective point scale score:

If qualified, interview scheduled: Date \_\_\_\_\_ Time \_\_\_\_\_

Accepted: Yes  No