



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

INCOMPLETE APPLICATION PACKETS WILL NOT BE PROCESSED.

APPLICATION FOR FALL _____ (year)

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ OTHER PHONE: _____

EMAIL: _____

PLEASE ATTACH THE FOLLOWING:

- PROFESSIONAL RESUME
- 2 LETTERS OF REFERENCE (MUST HAVE ORIGINAL SIGNATURES)
- 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.
- 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 31st. 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 31st) 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