



## **Associate of Applied Science Degree in Radiologic Technology**

The Radiologic Technology program welcomes applications from all qualified individuals who wish to pursue an associate of applied science degree. Admission to the program is competitive and qualified applicants are ranked according to academic history and admissions test scores. The Radiologic Technology program conducts structured interviews of qualified applicants as a component of the admissions process. Meeting the minimum requirements does not qualify an applicant a place in our Radiologic Technology program; it places an applicant in the selection process. Applicants with the highest academic standards are offered a space.

Please complete the admission application packet and return to:

Carolinus College of Health Sciences  
Attn: Admissions  
1200 Blythe Blvd  
Charlotte NC 28203

Complete applications must be postmarked by December 4, 2009 for consideration in the Fall 2010 program and postmarked by December 3, 2010 for consideration in the Fall 2011 program. Your application packet must be complete by the deadline in order to be considered. Please see the application checklist to insure you have completed all items by the deadline in which you are requesting admission.

The faculty and staff are excited about your interest in our college and in the Radiologic Technology program. We wish you luck during the application process. If you have any questions regarding the application process, the program, or the college please feel free to contact any of our admission advisors listed below.

Regards,

*Rhoda Rillorta*

Rhoda Rillorta  
Admissions Officer  
704-355-3243

*Nicki Sabourin*

Nicki Sabourin  
Admissions Representative  
704-355-5583

*Diana Bell*

Diana Bell  
Admissions Assistant  
704-355-8383

**Carolinas College of Health Sciences  
Associate of Applied Science  
Radiology Technology**

**Admission Requirements**

Minimum admission requirements for the program must be submitted by the required deadline for consideration. If the application packet is incomplete by the deadline, the application will not be considered in the selection process:

1. Complete the attached application and submit a non-refundable \$50 application fee
2. Submit official high school transcript and college transcripts from all post-secondary institutions (for foreign transcripts see International student below). A minimum 2.5 cumulative college GPA is required.
3. Submit minimum score of 900 on SAT or 19 on ACT test scores:  
*\*If you have a Bachelor's Degree you can waive your SAT/ACT test scores.*

**Contact information:**

SAT- 609-921-9000 or [www.collegeboard.com](http://www.collegeboard.com) (school code 6211)

ACT- 319-337-1270 or [www.actstudent.org](http://www.actstudent.org) (school code 3056)

**International Students**

Applicants must be citizens of the United States or hold permanent resident status. Carolinas College of Health Sciences does not authorize student visas. Applicants with foreign transcripts are required to present an evaluation of all courses attempted, credit, and grades earned. The college recommends the following sources for international transcript evaluation.

**Contact Information:**

International Education Evaluations, Inc.

7900 Matthews-Mint Hill Road

Suite 300

Charlotte NC 28227

704-772-0109

World Education Services, Inc.

PO Box 745 Old Chelsea Station

New York NY 10013-0745

212-966-6311

If you attended high school or college outside of the United States, a TOEFL score of at least 220 (computer version) or 83 (iBT: Internet based) is required.

**Contact Information:**

TOEFL – [www.toefl.org](http://www.toefl.org) (school code 5130)

**Carolinas College of Health Sciences  
Associate of Applied Science  
Radiology Technology**

**Application Check Sheet**

Below is a checklist to ensure all required documentation are submitted for a complete application.

**Fall 2010 Admission**

All items must be postmarked **by December 4, 2009** for consideration:

- \_\_\_\_\_ Application and \$50 non-refundable fee
- \_\_\_\_\_ Official high school transcript and college transcripts from all post-secondary institutions attended
- \_\_\_\_\_ Minimum 900 SAT or 19 ACT test score  
*\*If you have a Bachelor's Degree you can waive your SAT/ACT test scores*

**Fall 2011 Admission**

All items must be postmarked **by December 3, 2010** for consideration:

- \_\_\_\_\_ Application and \$50 non-refundable fee
- \_\_\_\_\_ Official high school transcript and college transcripts from all post-secondary institutions attended
- \_\_\_\_\_ Minimum 900 SAT or 19 ACT test score  
*\*If you have a Bachelor's Degree you can waive your SAT/ACT test scores*



**Academic Information**

Have you ever attended a Health care program at another institution?

- Yes: \_\_\_\_\_ Date of Attendance \_\_\_\_\_  
*Institution attended*
- No

Please list your **graduating high school** and **all colleges and universities** where you have attempted any courses, regardless of length of attendance or whether you earned credit for those courses. You will need to provide official transcripts for each institution listed. Attach an additional page if necessary

College	City/State or Country	Dates of Attendance	Currently attending (please circle)	Did you/will you Graduate?	Degree (i.e.) AA, BS, MA
			Yes	Yes	Degree
			No	No	
			Yes	Yes	Degree
			No	No	
			Yes	Yes	Degree
			No	No	
			Yes	Yes	Degree
			No	No	
<b>High School Information</b>			Yes	Yes	
			No	No	

I have a baccalaureate degree as indicated above, please waive my SAT/ACT score requirement

Have you applied to or attended CCHS previously?  No

Yes \_\_\_\_\_ and/or \_\_\_\_\_  
 Program Year application submitted

**Demographic/ Background Data:** *Disclosure of this information is voluntary and used for data reporting only*

**Ethnicity:**

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian/Alaskan Native            | <input type="checkbox"/> Asian             |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Hispanic          |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> White                                     | <input type="checkbox"/> Unknown           |

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Were you referred by a CCHS alumnus?  Yes\*  No

\*Application fee waived if referred \_\_\_\_\_ (Name of Alumnus)

**Community Standards**

In an effort to maintain a safe learning community, we ask the following questions of all applicants. We cannot accept your application unless you answer these questions. A “yes” answer to one or more of the following questions does not necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

- 1.  **Yes**  **No** We are committed to an alcohol-free, drug-free, and tobacco-free workplace. Students found in violation of this standard may face disciplinary action including dismissal. Students must submit a negative drug screen prior to enrollment and are subject to random drug screens throughout enrollment. Is there any reason why you would not be able to produce a negative drug screen prior to enrollment?
- 2.  **Yes**  **No** Applicants are required to submit a criminal background release form provided by the College upon acceptance and must be cleared by Carolinas HealthCare System for participation in clinical education. Have you ever been accused or convicted of a crime other than a routine traffic violation?  
*You must notify admissions of any criminal charge or conviction that occurs at any time after you submit this application.*
- 3.  **Yes**  **No** Applicants who are known to be in default on a student loan will not be admitted to a health care program. Are you currently in default on any type of student loan?
- 4.  **Yes**  **No** Applicants must be eligible for clinical access at a Carolinas HealthCare System facility. Is there any reason why you would not be eligible for clinical access?

**Read, Sign and Date the following statement**

I certify that the information provided on this application is accurate, complete and truthful. I understand that any failure to provide accurate, complete, and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment. I have read the essential functions of the program to which I am applying and can perform the functions with reasonable accommodations, if warranted. I further understand that I am required to notify the admissions office if I change my email address or other contact information. *We cannot accept your application without your signature*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian (If applicant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

Application fee is \$50. For payment by credit card, use the form below:

**Student Name:** \_\_\_\_\_

**Cardholder Name (if different):** \_\_\_\_\_

**Type of Card (circle one):** Discover      Visa      MasterCard      American Express

**Card Number:**    \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_

**Expiration date:** \_\_\_\_\_      **Transaction Amount:** \_\_\_\_\_

**Transaction Type:** \*Application Fee