

# APPLICATION FOR ADMISSION TO CAMERON UNIVERSITY'S RADIOLOGIC TECHNOLOGY PROGRAM

## PERSONAL INFORMATION (PLEASE PRINT)

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First MI Optional

Former Name(s) or AKA (Also Known As): \_\_\_\_\_

### Mailing Address

\_\_\_\_\_ City State Zip  
House number and Street name (if you have a PO Box number you must also provide a physical address)

Physical Address \_\_\_\_\_ City State Zip  
House Number and Street name

Phone:  Cell or  Home \_\_\_\_\_ Work Phone \_\_\_\_\_

Required email address for notification: \_\_\_\_\_

Are you 18 years or older?  YES  NO Are you a registered sex offender?  YES  NO

## REQUIRED DOCUMENTATION CHECKLIST

Submit the following to Cameron University's additional location at Great Plains Technology Center campus – 4500 SW Lee Blvd., Lawton, OK 73505 in Building 700, Office 710. Open M –F, 8:00am – 4:00pm. **ALL DOCUMENTS MUST BE SUBMITTED AT THE SAME TIME TO APPLY FOR THE RADIOLOGIC TECHNOLOGY PROGRAM)**

- \_\_\_\_\_ APPLICATION
- \_\_\_\_\_ PHYSICAL ABILITY STANDARDS FORM
- \_\_\_\_\_ BLS CPR
- \_\_\_\_\_ JOB SHADOWING EXPERIENCE FORM
- \_\_\_\_\_ DEGREE WORKS

## SIGNATURES

I verify that I have read and understand the Admissions Process Booklet located at [www.cameron.edu/rad](http://www.cameron.edu/rad) and will abide by all the policies and procedures stated therein.

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

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

*Any falsification of information on the application or provided for the application packet will nullify the application or may result in the dismissal from Cameron University*

Student ID# \_\_\_\_\_

Name \_\_\_\_\_

Last

First

MI

Applied For: \_\_\_\_\_