
Educational Background

Are you a registered Radiologic Technologist (RT)? ___ Yes ___ No

If no, please explain. _____

Previous College Information: (Please Note: Applicants may not disregard any part of their educational history, and failure to report all institutions previously attended will be cause for cancellation of the admissions process or for dismissal from the University.)

College-Based Radiography Program:

College: _____

City/State _____

Dates Attended _____ Degree Earned _____

College: _____

City/State _____

Dates Attended _____ Degree Earned _____

Academic Awards or Honors: Please list any academic awards or honors that you have received below:

Applicant Signature

I certify that the above information is true and complete. I understand that withholding information requested, or giving false information may make me ineligible for admission and enrollment.

Applicant Signature: _____ Date: _____

The University of South Alabama provides equal educational opportunities to and is open and accessible to all qualified students without regard to race, color, creed, national origin, sex, or qualified handicap/disability, with respect to all of its programs and activities.

****Information relating to your ethnic background is requested for reporting requirements to the Department of Education. The data requested will be used only for the required reports to this agency and will not be used in any way in the admission process.**

CHECKLIST

(Date) _____ Applied to the University of South Alabama Admissions Office –
\$35.00 (online application)/\$45.00 (mailed/paper)
