



HEALTH

UNIVERSITY OF UTAH

DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

IMAGING TECHNOLOGY PROGRAM APPLICATION

Please indicate which program you're applying to:

Name:	
DOB:	Last 4 SSN:
Address:	
Preferred Phone:	Type:
Email Address:	
Emergency Contact (Name, Phone, Relationship):	
UofU ID (If previous/current student):	

Education/Training:

Please list most recent first

School:	Major:	Dates(From/To):	Degree:	GPA:
School:	Major:	Dates(From/To):	Degree:	GPA:
School:	Major:	Dates(From/To):	Degree:	GPA:
School:	Major:	Dates(From/To):	Degree:	GPA:

Employment:

Employer:	Phone:	Position:	Dates(From/To):	Reason for leaving:
Employer:	Phone:	Position:	Dates(From/To):	Reason for leaving:
Employer:	Phone:	Position:	Dates(From/To):	Reason for leaving:
Employer:	Phone:	Position:	Dates(From/To):	Reason for leaving:

Skills/Certifications:

Skill/Cert:
Skill/Cert:
Skill/Cert:
Skill/Cert:

References (3) – (Professional/academic references please):

Name:	Phone:	Title/Occupation:
Name:	Phone:	Title/Occupation:
Name:	Phone:	Title/Occupation:

Structured Reference Evaluations:

Please have three structured reference evaluations completed and submitted. Reference forms and directions are available on the program website.

Biographical Essay:

Attach a short (one page) biographical essay indicating to the admissions committee about your educational and work related background, how and why you became interested in the program you're applying for and what your career goals are.

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain:

(Final selection is dependent upon a criminal background and drug screening)

I authorize University of Utah Health Department of Radiology and Imaging Sciences to verify information related to my application. I understand that being accepted by and continuing in the program depends on the truthfulness of my application and successful completion of background and drug screenings.

Applicant Signature

Date