

10. Provide information for two people to be notified in case of an emergency:

Name	Relationship to Applicant	Address	Daytime Telephone

11. It is important in the health care professions that you are able to communicate clearly. Because of this, please provide on an attached sheet of paper all of the following information:

1. Reason(s) for desiring to enter this program;
2. List your strengths and weaknesses;
3. What you most enjoy doing in your leisure time;
4. One thing you have accomplished that has given you great satisfaction;
5. Any other information about yourself which you feel is pertinent to this application.

12. I DO HEREBY CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Applicant Signature

Date

Weber State University does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, veteran, or handicap status. Weber State University has a policy of non-discrimination in the admission of students.

Apply on-line to WSU Admissions to be accepted as a student to Weber State University

1. Go to the following website to complete admissions process:
<http://weber.edu/admissions/studentapplication.html>.
2. Receive acceptance letter with "W" number. This is your student identification.
3. Use this identification on this application and when contacting us.

NOTE: Early application to the University is encouraged due to program application deadlines.

Please submit TOGETHER IN ONE PACKET application and materials listed below:

1. Application to Radiology Practitioner Assistant Program
2. All College/University transcripts
3. Copy of current ARRT Registry card
4. Narrative statement, as indicated in #11 above
5. Three recommendations submitted on proper forms (letters may accompany, but do not replace required forms)
6. Submission of health care facility and supervising radiologist forms provided with this application
7. \$20.00 non-refundable Application fee (made to WSU, Check or Money Order –NO CASH)

Submit application post-marked by January 10th, and above-requested supporting documents by February 1st to:

RADIOLOGY PRACTITIONER ASSISTANT/REGISTERED RADIOLOGIST ASSISTANT PROGRAM
 RADIOLOGIC SCIENCES DEPARTMENT
 WEBER STATE UNIVERSITY
 3925 UNIVERSITY CIRCLE
 OGDEN UT 84408-3925

To enable the Radiologic Sciences Programs to make required affirmative action reports to various agencies, applicants are asked to provide the following information. Your response is optional. Your decision to not provide this information will not penalize your application. You may also provide this information after you have been notified of your acceptance into a specialty program at Weber State University.

Female Male Veteran US Citizen: Yes No: Specify Visa Type: _____

Ethnic Origin: White Black Hispanic Asian/Pacific Islander Native American Other, Specify _____