

ADMISSION APPLICATION

MOREHEAD STATE UNIVERSITY Department of Imaging Sciences

(Please Print or Type Information Submitted)



Have you applied to one of these programs in the past? Yes No If so, what year? _____

Associate of Applied Science Degree in Radiologic Science

Bachelor of Science Degree in Imaging Sciences

First Choice:

Computed Tomography/Magnetic Resonance Program
Diagnostic Medical Sonography Program

Second Choice:

Computed Tomography/Magnetic Resonance Program
Diagnostic Medical Sonography Program

or

Leadership in Medical Imaging Online Program (Please select credential(s) ARRT
 ARDMS
 NMTCB

1. When do you plan on entering the above selected imaging sciences program? _____
Semester/Year

2. Full Legal Name: _____
Last First Middle

Do you have educational records in a different name? No _____ Yes (list name) _____

3. Address: _____
Street/Route County City State Zip

4. Social Security Number and MSU ID Number: _____ Birth date: _____

5. Phone Number: Local (_____) _____ Home (_____) _____

6. Email Address: _____

7. Name, Address & Phone Number of person to contact in case of an emergency:
Work Phone: (_____) _____

Home Phone: (_____) _____
Name Address City/State

8. High School Name: _____
Address City State Zip

9. Date of high school graduation: Month _____ Year _____

10. Are you now or have you previously attended college/university (including Morehead State University)? Yes _____ No _____
If yes, give name & address, years of attendance, and number of credit hours attempted:

A. _____ Currently attending Yes _____ No _____

B. _____ Currently attending Yes _____ No _____

11. Have you ever been convicted of a criminal offense other than a traffic violation? (Minor traffic offenses e.g. seat belt violations are exempt, but other charges resulting from traffic stops e.g. drug possession, DUI, etc. must be reported.)

Yes _____ No _____

I hereby affirm that all information supplied in the application is complete and accurate. I understand that withholding information or giving false information will make me ineligible for program admission.

Signature of Applicant

Date

Morehead State University
Center of Health, Education, and Research
Department of Imaging Sciences
316 West 2nd St., Morehead, KY 40351

MSU is an affirmative action, equal opportunity, educational institution.

ADMISSION APPLICATION

MOREHEAD STATE UNIVERSITY

Department of Imaging Sciences

(Please Print or Type Information Submitted)

(Application Checklist - this particular information is for your records.)

Associate of Applied Science Degree in Radiologic Sciences

Provide the following application materials directly to the Department of Imaging Sciences by the **fourth Friday in May**:

- _____ 1. Completed Imaging Sciences Admission Application.
- _____ 2. Official transcripts documenting all courses required for admission.
- _____ 3. Copy of course description(s) if course equivalencies are not listed on the transfer credit webpage located at <http://www.moreheadstate.edu/registrar/index.aspx?id=3942>.

PLEASE NOTE that the items listed above **MUST** be forwarded with your application even if previously sent to this or any department or office within the University.

Bachelor of Science Degree in Imaging Sciences

CT/MR & DMS Program

Provide the following application materials directly to the Department of Imaging Sciences by the first **Monday in April**:

- _____ 1. Completed Imaging Sciences Admission Application.
- _____ 2. Official transcripts documenting all courses required for admission.
- _____ 3. Copy of course description(s) if course equivalencies are not listed on the transfer credit webpage located at <http://www.moreheadstate.edu/registrar/index.aspx?id=3942>.
- _____ 4. Copy of mid-term grades (if applicable).
- _____ 5. Copy of the current American Registry of Radiologic Technologists' registration card.
- _____ 6. Copy of the current American Registry of Radiologic Technologists' (Computed Tomography and/or Magnetic Resonance) registration card (if applicable).
- _____ 7. Copy of the current American Registry of Diagnostic Medical Sonographers' (ARDMS) registration card (if applicable).

Applicants applying to both the Computed Tomography/Magnetic Resonance Program and Diagnostic Medical Sonography Program must rank the programs into a **first and second choice**. Entrance will not be granted to both programs. **Failure to rank your choices (if applying to both programs) will make your application invalid.**

Leadership in Medical Imaging Online Program

Provide the following application materials directly to the Department of Imaging Sciences by the 4th **Monday in March** for fall admission and the **4th Monday in October** for spring admission. Late applications may be considered until the class is filled.

- _____ 1. Completed Imaging Sciences Admission Application.
- _____ 2. Official transcripts documenting all courses required for admission.
- _____ 3. Copy of course description(s) if course equivalencies are not listed on the transfer credit webpage located at <http://www.moreheadstate.edu/registrar/index.aspx?id=3942>
- _____ 4. Copy of current certification card, for example American Registry of Radiologic Technologists (ARRT), American Registry of Diagnostic Medical Sonography (ARDMS), or Nuclear Medicine Technology Certification Board (NMTCB), or American Registry of Magnetic Resonance Imaging Technologists (ARMRIT).

PLEASE NOTE that the items listed above **MUST** be forwarded with your application even if previously sent to this or any department or office within the University.

Submit all application materials to:

Morehead State University
Center of Health, Education, and Research
Department of Imaging Sciences
316 West 2nd St., Morehead, KY 40351

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