

# 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 2<sup>nd</sup> 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 **4<sup>th</sup> 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 2<sup>nd</sup> St., Morehead, KY 40351

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