

ADMISSION APPLICATION

MOREHEAD STATE UNIVERSITY
Department of Kinesiology, Health, and Imaging Sciences
Diagnostic Medical Sonography Program Application
(Please Print or Type Information Submitted)



1. When do you plan on entering the Diagnostic Medical Sonography 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: Cell (_____) _____ 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 Kinesiology, Health, and Imaging Sciences
316 West 2nd St., Morehead, KY 40351
MSU is an affirmative action, equal opportunity, educational institution.

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

Bachelor of Science Degree in Imaging Sciences

Diagnostic Medical Sonography Program

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

- _____ 1. Completed Diagnostic Medical Sonography 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 Diagnostic Medical Sonographers' (ARDMS) registration card (if applicable).

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 Kinesiology, Health, and Imaging Sciences
316 West 2nd St., Morehead, KY 40351

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