



ASSOCIATE DEGREE RADIOGRAPHY

Health Science Program Application Packet Checklist

Application deadline for Fall 2020: **March 15, 2020**

Note: Incomplete forms will not be accepted or processed

ADMISSION INFORMATION: (Please print legibly.)

Name: _____ Student ID#: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Additional Phone: _____

Preferred email address: _____

NEW STUDENTS ONLY

CCC Application completed through CFNC for Nurse Aide Diploma (D45970):

Residency Number: _____

ALL STUDENTS

Health Science Program Interest Form: completed indicating Radiography (electronic form): Date submitted: _____

Official Transcripts: (List all schools attended. Attach additional pages if needed.)

High School/Equivalency Institution: _____

College: _____ College: _____

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ADMISSION REQUIREMENTS: (Please check all that apply unless otherwise instructed.)

Academic Readiness in English and Math:

- ENGLISH Equivalents (Check the most current option):

Placement Test completed (RISE, NCDAP or ACCUPLACER) within 10 years of starting semester with ENG-111 placement. Date taken: _____

Completed DRE-098 or equivalent

Placement Waiver per Multiple Measures, SAT, or ACT.

Completed ENG-111 or equivalent. Equivalent Course: _____ College: _____

- MATH Equivalents (Check all that apply):

Placement Test completed (RISE, NCDAP or ACCUPLACER) within 10 years of starting semester with MAT-171 or higher placement. Date taken: _____

Completed DMA-010 through DMA-080 or equivalent

Placement Waiver per Multiple Measures, SAT, or ACT.

Completed MAT-171 or higher, or equivalent. Course: _____ College: _____



Coursework Requirements

- BIOLOGY - satisfied by completing:
 - High School Biology with minimum grade of "C".
 - College Biology (equivalent to BIO-110 or BIO-111) course, minimum grade of "C".
 - CHEMISTRY or PHYSICS – satisfied by completing:
 - High School Chemistry or Physics with minimum grade of "C".
 - College Chemistry or Physics course, minimum grade of "C". College_____ Course_____

Radiography Admissions Test:

- Admissions Test** (within 12 months): Date taken _____

Documentation Required:

- Work Experience: documentation should include name of company/employer, length of time employed, state part-time or full-time employment, description of job duties and name and phone number of contact person to verify employment.
- Resume.

I certify that the information provided by me on this form is true and accurate to the best of my knowledge and that I understand that I have read and understand the Admission's Requirements packet.

Student Signature

Date