# Logo Description automatically generated

ST. CLOUD HOSPITAL SCHOOL OF DIAGNOSTIC IMAGING

# *APPLICATION OF ADMISSION*



**Name**

**Last First Middle Maiden**

**Current**



**Address**

**Number and Street City State Zip**

**Permanent**



**Address**

**Number and Street City State Zip**

**Primary Secondary**

**Phone Number Phone Number**

**Email Address-School**

**SECONDARY EDUCATION**

**List in chronological order the high schools you attended between grades 9-12.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School** | **City and State** | **Dates of Attendance** | **Did you graduate?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**POST-SECONDARY EDUCATION**

**List in chronological order, starting with the first post-secondary institution you attended—include ALL education you have received beyond high school.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School** | **City and State** | **Dates of Attendance** | **Did you graduate?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**WORK EXPERIENCE**

**List all work experience, both full and part-time, beginning with the most recent.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Company** | **City and State** | **Position Held** | **Dates of**  **Employment** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**REFFERENCES**

**Give the name and contact information of two mature persons, not relatives, who know you personally and can give information about your work ethic, character and academic aptitude.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Phone Number** | **Email** | **Relationship** |
|  |  |  |  |
|  |  |  |  |

***I certify that answers given herein are true and complete to the best of my knowledge. I understand that intentional false statements made on this application or incomplete information will be used as a base for denying admission or dismissal from the program if discovered. I also understand that further investigation regarding my past criminal history records may be undertaken based on my responses to questions and that information regarding a formal background check will be provided to me in the event that further investigation is found to be necessary.***

**Signature Date**

**For Office Use ONLY-Checklist**

|  |  |
| --- | --- |
| **Application Form** |  |
| **Official High School Transcript** |  |
| **Official College Transcript** |  |
| **Recommendation Survey # 1** |  |
| **Recommendation Survey # 2** |  |
| **Technical Standards Form** |  |
| **Job Shadowing & Health**  **Care Experience Form** |  |
| **Self Disclosure Form** |  |

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