



# **RADIOLOGICAL TECHNOLOGIES UNIVERSITY**

## **STUDENT APPLICATION**

**Please submit to:**

**RTU-VT - Admissions  
100 E. Wayne Street, Ste. 140  
South Bend, IN 46601**

# PERSONAL INFORMATION

If any question does not apply, please leave blank

Primary Name

\_\_\_\_\_  
Given/Personal/First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Family/Surname/Last

Please list any other name under which credentials may arrive.

\_\_\_\_\_  
Given/Personal/First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Family/Surname/Last

\_\_\_\_\_  
Birth Date (mm/dd/yyyy)

\_\_\_\_\_  
Birth City, Birth State, Birth Country

Gender

Female

Male

Current Mailing Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt./Suite/No.

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Country

Future Mailing Address

Do you anticipate a new address prior to enrollment?

Yes

No

If yes, please provide the new address and the date of change.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt./Suite/No.

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Date of Change (mm/dd/yyyy)

## PERSONAL INFORMATION (Cont.)

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Personal Email Address

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Work Email Address

Preferred Email for RTU correspondence:

Personal

Work

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Home Phone Number

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Work Phone Number

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Cell Phone Number

Preferred phone for RTU correspondence:

Home

Work

Cell

Do you prefer to receive time sensitive messages from RTU via text message?

Yes

No

US Social Security No.

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Country of Citizenship

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If you are not a U.S. citizen, but are currently in the U.S., what is your current status with the U.S. Immigration and Naturalization Service?

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If you are not a U.S. citizen, but now have permanent resident, refugee, or political asylum status in the U.S., please enter your 8-9 digit registration number that begins with "A".

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What is your first language?

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Ethnic Information:

African American

American Indian/Alaskan Native

Caucasian

Asian/Pacific Islander

Hispanic

Choose not to answer

Ethnic information is gathered in compliance with the Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972, and is requested by the U.S. Department of Education. However, you are not required to answer questions about your ethnic origin, and refusal to answer will not affect admission.

Will you require housing near campus?

Yes

No

# PARENT/GUARDIAN INFORMATION

(Applicable if you are under 21 years of age)

\_\_\_\_\_  
Given/Personal/First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Family/Surname/Last

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt./Suite/No.

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Given/Personal/First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Family/Surname/Last

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt./Suite/No.

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Home Phone

## EDUCATIONAL OBJECTIVES

**Post-Graduate Certificate Program**

- Major**
- Medical Physics
  - Medical Dosimetry
  - Medical Health Physics

**Undergrad Courses**

Please List: \_\_\_\_\_

Semester you plan to enter/enroll \_\_\_\_\_

To which other Colleges/Universities are you applying?

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Name

# EDUCATIONAL HISTORY

(Please list ALL colleges and/or universities you previously attended)

\_\_\_\_\_  
**College/University Name**

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
Begin Date (mm/dd/yyyy)

\_\_\_\_\_  
End Date (mm/dd/yyyy)

\_\_\_\_\_  
Degree Earned

\_\_\_\_\_  
Date (mm/dd/yyyy)

If unsure of the day, use "01"

\_\_\_\_\_  
U.S. GPA

(Please convert to the 4.00 grading scale)

\_\_\_\_\_  
Non U.S. GPA

(Give the average using the school's grading system. Do not attempt to convert to the U.S. 4.00 scale)

\_\_\_\_\_  
Major

\_\_\_\_\_  
Minor

\_\_\_\_\_  
Hours Completed

\_\_\_\_\_  
**College/University Name**

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
Begin Date (mm/dd/yyyy)

\_\_\_\_\_  
End Date (mm/dd/yyyy)

\_\_\_\_\_  
Degree Earned

\_\_\_\_\_  
Date (mm/dd/yyyy)

If unsure of the day, use "01"

## EDUCATIONAL HISTORY (Cont.)

\_\_\_\_\_  
U.S. GPA  
(Please convert to the 4.00 grading scale)

\_\_\_\_\_  
Non U.S. GPA  
(Give the average using the school's grading system. Do not attempt to convert to the U.S. 4.00 scale)

\_\_\_\_\_  
Major

\_\_\_\_\_  
Minor

Hours Completed \_\_\_\_\_

\_\_\_\_\_  
**College/University Name**

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
Begin Date (mm/dd/yyyy)

\_\_\_\_\_  
End Date (mm/dd/yyyy)

\_\_\_\_\_  
Degree Earned

\_\_\_\_\_  
Date (mm/dd/yyyy)  
If unsure of the day, use "01"

\_\_\_\_\_  
U.S. GPA  
(Please convert to the 4.00 grading scale)

\_\_\_\_\_  
Non U.S. GPA  
(Give the average using the school's grading system. Do not attempt to convert to the U.S. 4.00 scale)

\_\_\_\_\_  
Major

\_\_\_\_\_  
Minor

Hours Completed \_\_\_\_\_

## EDUCATIONAL HISTORY (Cont.)

\_\_\_\_\_  
College/University Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
Begin Date (mm/dd/yyyy)

\_\_\_\_\_  
End Date (mm/dd/yyyy)

\_\_\_\_\_  
Degree Earned

\_\_\_\_\_  
Date (mm/dd/yyyy)

If unsure of the day, use "01"

\_\_\_\_\_  
U.S. GPA

(Please convert to the 4.00 grading scale)

\_\_\_\_\_  
Non U.S. GPA

(Give the average using the school's grading system. Do not attempt to convert to the U.S. 4.00 scale)

\_\_\_\_\_  
Major

\_\_\_\_\_  
Minor

\_\_\_\_\_  
Hours Completed

## TEST SCORES

Application may be submitted without submitting any test scores. You may indicate a test you will be taking in the future by listing a future date for the test.

### GRE

\_\_\_\_\_  
Test Date (mm/dd/yyyy)

\_\_\_\_\_  
Verbal Score

\_\_\_\_\_  
Verbal Percentile

\_\_\_\_\_  
Quantitative Score

\_\_\_\_\_  
Quantitative Percentile

Have you requested that test results be sent to RTU?

Yes

No

### GRE

\_\_\_\_\_  
Test Date (mm/dd/yyyy)

\_\_\_\_\_  
Verbal Score

\_\_\_\_\_  
Verbal Percentile

\_\_\_\_\_  
Quantitative Score

\_\_\_\_\_  
Quantitative Percentile

Have you requested that test results be sent to RTU?

Yes

No

### Internet-Based TOEFL

\_\_\_\_\_  
Test Date (mm/dd/yyyy)

\_\_\_\_\_  
Listening Score

\_\_\_\_\_  
Writing Score

\_\_\_\_\_  
Reading Score

\_\_\_\_\_  
Speaking Score

Total \_\_\_\_\_

Have you requested that test results be sent to RTU?

Yes

No

## TEST SCORES (Cont.)

### Computer-Based TOEFL

\_\_\_\_\_  
Test Date (mm/dd/yyyy)

\_\_\_\_\_  
Listening Score

\_\_\_\_\_  
Structures & Writing Score

\_\_\_\_\_  
Reading Score

\_\_\_\_\_  
Essay Score

Total \_\_\_\_\_

Have you requested that test results be sent to RTU?

Yes

No

### Paper-Based TOEFL

\_\_\_\_\_  
Test Date (mm/dd/yyyy)

\_\_\_\_\_  
Listening Score

\_\_\_\_\_  
Writing Score

\_\_\_\_\_  
Reading Score

\_\_\_\_\_  
Speaking Score

Total \_\_\_\_\_

Have you requested that test results be sent to RTU?

Yes

No

## WORK EXPERIENCE

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**Employer Name**

---

Phone Number

---

Address

City

State

Postal Code

---

Job Title

---

Start Date (mm/dd/yyyy)

---

End Date (mm/dd/yyyy)

---

**Employer Name**

---

Phone Number

---

Address

City

State

Postal Code

---

Job Title

---

Start Date (mm/dd/yyyy)

---

End Date (mm/dd/yyyy)

---

**Employer Name**

---

Phone Number

---

Address

City

State

Postal Code

---

Job Title

---

Start Date (mm/dd/yyyy)

---

End Date (mm/dd/yyyy)

## WORK EXPERIENCE (Cont.)

---

**Employer Name** \_\_\_\_\_ Phone Number \_\_\_\_\_

---

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

---

Job Title \_\_\_\_\_

---

Start Date (mm/dd/yyyy) \_\_\_\_\_

---

End Date (mm/dd/yyyy) \_\_\_\_\_

---

**Employer Name** \_\_\_\_\_ Phone Number \_\_\_\_\_

---

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

---

Job Title \_\_\_\_\_

---

Start Date (mm/dd/yyyy) \_\_\_\_\_

---

End Date (mm/dd/yyyy) \_\_\_\_\_

---

**Employer Name** \_\_\_\_\_ Phone Number \_\_\_\_\_

---

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

---

Job Title \_\_\_\_\_

---

Start Date (mm/dd/yyyy) \_\_\_\_\_

---

End Date (mm/dd/yyyy) \_\_\_\_\_

## **PERSONAL STATEMENT**

Provide a statement (approximately 750 words) that identifies your academic goals, career objectives, why you are applying to this program, and the qualifications you have that make you a strong candidate for this program.

# PUBLICATIONS

Please list any professional or scientific publications you have authored or co-authored

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**Type of Publication**

---

Authorship

---

Title

---

**Type of Publication**

---

Authorship

---

Title

---

**Type of Publication**

---

Authorship

---

Title

---

**Type of Publication**

---

Authorship

---

Title

## AFFIRMATION STATEMENTS

I certify that the Radiological Technologies University-VT Catalog has been provided to me through the website, in print, or upon email request and that I have reviewed the aforementioned catalog.

Yes

No

I understand that withholding pertinent information requested on this application or giving false information on this application will make me ineligible for admission, or will make me subject to cancellation of admission if admission has already been granted or dismissal if already enrolled. I certify that all statements on this application are correct and complete. I give my permission to officials at all institutions I have attended to release information needed by the University to substantiate statements I have made on this application.

Yes

No

Student Comments:  
(Limit of 600 characters)

## **ADDITIONAL DOCUMENTATION NEEDED**

Along with this application, please provide the following

- \$35.00 application fee
- Official transcripts from all institutions of higher learning attended
- CV
- Three reference letters