

Application & Information Packet

UAFSTM

UNIVERSITY OF ARKANSAS - FORT SMITH

College of Health Sciences

Bachelor of Science Degree in
**Imaging Sciences
Leadership**

Please email application to: UAFS.HealthSciences@uafs.edu



Application For Admission Bachelor of Science in Imaging Sciences Leadership

Name _____
Last First Middle Maiden

Home Phone# _____ Work Phone# _____ Cell Phone# _____

E-mail Address _____

Address _____
Street Number City State Zip

Student ID# _____ Date of Birth _____

Radiologic Technology Program Attended:

Institution _____ Graduation Date _____ Degree Earned _____

List **all** Colleges, Universities, or Other Schools Attended:

Institution	Dates Attended	Degree Earned
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

RT License# _____ Expiration Date _____ State of Registration _____

(Enclose a copy of all license(s) and ARRT certifications currently held)

Work Experience within the past two years _____

I understand that any notification of admission will be contingent upon a background check being accepted by all clinical agencies.

I, the below signed individual, hereby declare that to the best of my knowledge and ability, the information in this application is true and factual. I understand that I shall not be considered for the program until I have been admitted to UAFS and submitted all required documentation. I understand that false, misleading, or incomplete statements could lead to my subsequent dismissal or rejection as a BSIS Leadership student.

Student Signature

Date

Have you attached:

1. _____ Application
2. _____ Copies of all unofficial transcripts (not to include UAFS)
3. _____ Copy of ARRT certification(s) and current license(s) if required