



## 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.

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Student Signature

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Date

Return all application items and supporting documentation below to:

University of Arkansas – Fort Smith

Angie Elmore

Pendergraft Health Sciences Center

P O Box 3649

Fort Smith, AR 72913-3649

Angie.Elmore@uafs.edu

Fax: 479-424-6845

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