

TDD (208) 734-9929 Web Site: <http://www.csi.edu>

**APPLICATION FOR ADMISSION  
 TO THE RADIOLOGIC TECHNOLOGY PROGRAM**

Name \_\_\_\_\_  
FIRST MIDDLE LAST FORMER NAME

Home Address \_\_\_\_\_  
STREET ADDRESS CITY STATE COUNTY ZIP CODE

Permanent Address (if different from above) \_\_\_\_\_

\_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
AREA CODE

Business Phone: (\_\_\_\_) \_\_\_\_\_  Male  Female  
AREA CODE

**EDUCATION**  
**Official Transcript(s) MUST BE RECEIVED by the Office of Admissions and Records  
 and a copy must be submitted with your portfolio.**

NAME OF SCHOOL	LOCATION OF SCHOOL	FROM MONTH / YEAR	TO MONTH / YEAR	DID YOU RECEIVE DIPLOMA? DEGREE? CERTIFICATE?	WHAT WAS YOUR MAJOR / MINOR?
HIGH SCHOOL OR GED					
COLLEGE OR UNIVERSITY					

TYPE	ISSUED BY WHICH STATE OR AGENCY	LICENSE NO.	DATE
Professional Licenses			
or Certification			

**FOLLOW UP INFORMATION**

It is important that we follow up our students to be sure they obtain appropriate employment. Please provide information about two people who will always know where to locate you.

	NAME	MAILING ADDRESS	TELEPHONE NO.
1			
2			

**HEALTH RELATED WORK EXPERIENCE AND/OR VOLUNTEER EXPERIENCE**

Employer

Phone No.

Ext.

Address

