



Interested in the program, but not sure if you have all the prerequisites? We can help.....

1. Complete the following form
2. Print the completed form
3. Submit the complete form
4. Fax this form and all of your transcripts to (405) 271-1424 or submit via e-mail to leslee-smith@ouhsc.edu

First Name:

Last Name:

Street Address:

City:

State: Zip

Phone 1:

Phone 2:

E-mail:

Certification:

RT(R) RT(N) CNMT RT(T) RDMS RDCS RVT

Radiologic Technology degree:

Certificate Associates in Applied Sciences Associates in Science Associates in Arts

Name of Radiologic Technology program:

Reason for obtaining Bachelor degree/future goals:

How did you hear about the program?