



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. Locate all your past transcripts
- 4. Submit for review by faxing this form and all of your transcripts to (405) 271-1424 or by emailing this form and all your transcripts 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?