



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 emailing this form and all your transcripts to leslee-smith@ou.edu

First Name:	<input type="text"/>		
Last Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>	Zip	<input type="text"/>
Phone 1:	<input type="text"/>		
Phone 2:	<input type="text"/>		
E-mail:	<input type="text"/>		

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?