



UNIVERSITY OF ARKANSAS AT FORT SMITH

Application for Admission

BACHELOR OF SCIENCE IN IMAGING SCIENCES MANAGEMENT

Please complete and return this form by July 15 for the fall class, November 15 for the spring class, and April 15 for the summer class.

Date of Application _____

Name _____ Home Phone # _____
Last First Middle Maiden

E-mail Address _____ Work Phone # _____

Address _____
Street Number City State ZIP

Date of Birth _____ Social Security # _____

High School Attended _____ Graduation Date _____

Radiologic Technology Program Attended:

Institution _____ Graduation Date _____ Degree/Certificate Earned _____

Colleges, Universities, or Other Schools Attended:

Institution	Dates Attended	Degree Earned
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

(Send an official transcript from **all** the schools you have attended to the Record's Office, UA Fort Smith, PO Box 3649, Fort Smith, AR 72913-3649 - an unofficial transcript must be submitted to Nancy Hawking, Director - Imaging Sciences, UA Fort Smith College of Health Sciences, PO Box 3649, Fort Smith, AR 72913-3649 for advisement purposes).

Initial ARRT Certification Date _____ Expiration Date _____

RT License # _____ Expiration Date _____ State of Registration _____

(Enclose a copy of all license(s) and ARRT certifications currently held)

Work Experience Within Past Two Years _____

Semester you desire entry into the program.

- | | | |
|---------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Fall _____ | <input type="checkbox"/> full-time | <input type="checkbox"/> part-time |
| <input type="checkbox"/> Spring _____ | <input type="checkbox"/> full-time | <input type="checkbox"/> part-time |
| <input type="checkbox"/> Summer _____ | <input type="checkbox"/> full-time | <input type="checkbox"/> part-time |

Have you completed all of the general education and Imaging Sciences support courses for the BSIS Management program? Yes No

If not, please list any outstanding classes and when you plan to complete them.

The above information is true to the best of my knowledge. I understand that withholding information or submitting inaccurate information will make me ineligible for admission and/or enrollment and subject to administrative withdrawal.

Signature Date

Return all application items and supporting documentation to:

University of Arkansas - Fort Smith
Dr. Nancy Hawking
College of Health Sciences
P.O. Box 3649
Fort Smith, AR 72913-3649
nhawking@uafortsmith.edu
FAX 479-788-7153

Have you attached:

1. _____ Application
2. _____ Copies of all unofficial college and/or technical transcripts (other than UA Fort Smith)
3. _____ Copy of current license(s) and ARRT certification(s)

Have you:

1. _____ Sent official college transcripts to UA Fort Smith
2. _____ Applied for admission to UA Fort Smith