

**APPLICATION OF ADMISSION**

<b>Name</b>				
	<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Maiden</b>
<b>Current Address</b>				
	<b>Number and Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Permanent Address</b>				
	<b>Number and Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Primary Phone Number</b>		<b>Secondary Phone Number</b>		
<b>Email Address-School</b>				

**SECONDARY EDUCATION**

List in chronological order the high schools you attended between grades 9-12.

Name of School	City and State	Dates of Attendance	Did you graduate?

**POST-SECONDARY EDUCATION**

List in chronological order, starting with the first post-secondary institution you attended—include ALL education you have received beyond high school.

Name of School	City and State	Dates of Attendance	Did you graduate?

**WORK EXPERIENCE**

List all work experience, both full and part-time, beginning with the most recent.

Name of Company	City and State	Position Held	Dates of Employment

**REFERENCES**

Give the name and contact information of two mature persons, not relatives, who know you personally and can give information about your work ethic, character and academic aptitude.

Name	Phone Number	Email	Relationship

*I certify that answers given herein are true and complete to the best of my knowledge. I understand that intentional false statements made on this application or incomplete information will be used as a base for denying admission or dismissal from the program if discovered. I also understand that further investigation regarding my past criminal history records may be undertaken based on my responses to questions and that information regarding a formal background check will be provided to me in the event that further investigation is found to be necessary.*

Signature

Date

**For Office Use ONLY-Checklist**

Application Form	
Official High School Transcript	
Official College Transcript	
Recommendation Survey # 1	
Recommendation Survey # 2	
Technical Standards Form	
Job Shadowing & Health Care Experience Form	
Self Disclosure Form	

*St. Cloud Hospital School of Diagnostic Imaging does not discriminate because of race, color, religion, gender, age, disability, national origin, or any other protected class.*