



Application for Admission

Applications and transcripts are to be mailed to :
 CARTI Radiation Therapy Program, Attn: Tiffany Young
 PO Box 55050
 Little Rock, AR 72215
 Applications must be postmarked by the first working day of March to be considered as an applicant eligible for interview for the fall class.

Name:				
Last	First	MI	Maiden	
Mailing Address:				
City			State	Zip
E-Mail Address:				
Telephone:		Best time to call?		

Radiography School/College Information	
Radiography School Name:	
City/State:	Graduation Date:
Full Name of College Awarding Degree:	
Type of Degree Awarded:	
Date Degree Requirements will be met:	

Educational Institutions		
List in chronological order (Last being first) all educational institutions you are currently attending or previously attended. An official transcript must be sent directly from each institution.		
Name of Institution	Dates Attended	Degree/Certificate Earned

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Pre-requisites	
Please list where you received credit for the following pre-requisites (if you have not taken a class yet, please leave it blank).	
Class	Institution Where Credit Was Received
Precalculus (only)	
Or	
Trigonometry	
And	
College Algebra	
Human Anatomy and Physiology I	
Human Anatomy and Physiology II	
General Physics	

<p>Have you ever been convicted of a misdemeanor, felony, or a similar offence in a military court martial?</p> <p>If you answer "Yes", please provide an explanation of events relevant to the matter in the space below.</p>	<p>Yes____ No____</p>

I am applying to CARTI Radiation Therapy Program. I hereby affirm that all information supplied on this form is complete and accurate. It is my understanding that I shall not be considered for interview until all required documents specified by this Program are received as identified on this application form. My eligibility will be determined based on the information I have provided. I understand that withholding information requested or giving false information will make me ineligible for participation in this program.

Signed _____

Date _____