

Center for Health Sciences
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Radiography Program Admissions Application

APPLICATION INFORMATION:

Student ID # _____

First: _____ Last: _____ MI: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

E-Mail _____

Hm. Phone # _____ Cell # _____

Date of Birth: _____ Male: _____ Female: _____
Mo/Day/Year

Ethnicity: (Optional, used for statistical purposes only.)

Black _____ Hispanic _____ Native American _____
Asian _____ Caucasian _____ Other _____

I understand that submission of this application does not assure my acceptance into the Radiography Program.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

BIO _____ ENG _____ MATH _____ PSY/SOC _____ HPR 178 _____

Official sealed transcripts _____ Transcripts Transferred _____

Unofficial transcript _____ Courses in progress _____ Background Check _____

Radiography Program Admissions Application

2 Structured References _____ Resume _____ Essays _____

Drug Screening _____ Immunizations _____ CPR _____ HIPAA _____

Job Shadow _____ Info. & Advising meeting _____

Verified by: _____ Date: _____