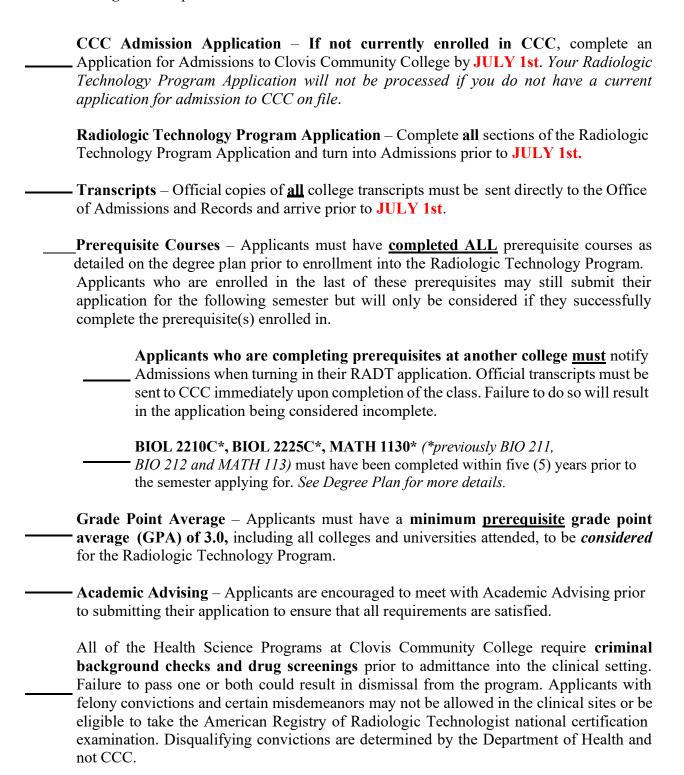


## Radiologic Technology Program Application Checklist

For the Radiologic Technology Program Application to be considered **complete**, the applicant **must have completed** the following list of requirements. Applicants must initial next to each item to indicate their **understanding** of the requirement.



## ACKNOWLEDGEMENT

I understand that <b>admission into the Radiologic Technology Program is competitive</b> and strictly based on the prerequisite GPA of all applicants. <i>A minimum GPA of 3.0 does not guarantee acceptance</i> .
I understand that <b>determinations on acceptances</b> for the Fall semester are not made until after grades are posted by the <b>CCC Registrar</b> for the Summer semester.
I understand that all <b>correspondence regarding my application and acceptance</b> into the Radiologic Technology Program will be conducted through CCC email. <i>Failure to check my CCC email may result in missed information or deadlines</i> .
I understand that as a student in the Radiology Technology Program it will be my responsibility to obtain and maintain all current immunization and compliance requirements.
ACNOWLEDGEMENT OF TRAVEL REQUIREMENTS
I understand that <b>travel will be required to attend clinical</b> . Clinical sites are located within Eastern New Mexico and West Texas, with the furthest site being 120 miles from Clovis.
I understand that I will be responsible for <b>all travel costs and arrangements</b> , including but not limited to transportation and lodging.
I understand that <b>inability to travel for any reason will prohibit</b> me from being in the Radiologic Technology Program.
ADVISING  Applicants are responsible for meeting with an Academic Advisor to file a current Radiolog Technology degree plan and to review the information contained in the Clovis Community Colle Catalog. The policies and regulations contained in this catalog apply to all applicants, including the who have filed and are following degree plan requirements of an earlier catalog. Some policies are requirements may be subject to change based on program requirements. If you have any question regarding the degree plan, contact the Academic Advising Center, located in the Dr. H.A. Miller Stude Services Center, or call (575)-769-4020.
I,
Applicant's Signature Date



## Radiologic Technology Program Application

For important application and transcript deadline information, please refer to page one of the Radiology Technology Program application process

App]	licant
Inform	ation

**Signature** 

Applicant's Signature

First Mide	dle	Last (Maiden)
Date of Birth		<mark>ர</mark> ுale F <mark>ச</mark> ாale
Address		
City/State/Zip		
Sity/State/Zip		
Contact Information		<b>Emergency Contacts</b>
Primary Phone	Home Ca	Name
Sanara da ma Diagra		Phone
Secondary Phone	Home Cell	Name
CCC Email (required)		—
		Phone
		lephone number, you must notify the Admissions d Health office in a timely manner.
and Records Departi	ment and the Allie	
and Records Departi	ment and the Allie	n: Yes No
and Records Departs s this your first applications for the second of the	ment and the Allie tion to the prograr	n: Yes No
and Records Departs s this your first applicate f no, list the year of pre	ment and the Allie tion to the prograr	n: Yes No
and Records Departs s this your first applica	ment and the Allie tion to the prograr	n: Yes No

Revised April 2025

Provisional Agreement	Name Student ID # C		
	I understand that my application to the Radiologic Technology Program at Clovis Community College is on a PROVISIONAL BASIS pending receipt of transcripts from the following school(s)/college(s)		
	1		
	2		
	3		
	4		
	<ul><li>5</li></ul>		
	<u>.                                    </u>		
	Initial:		
	I understand that all correspondence regarding my application and acceptance into the Radiologic Technology Program will be conducted through CCC email. Failure to check my CCC email may result in missed information or deadlines.		
	I agree to complete my Radiologic Technology Program application file no later than the published deadline for the semester in which I am applying. I understand that if my file is not complete by the published deadline it will not be forwarded to the Radiologic Technology		

Program Director.

Applicant's Signature:

Date: \_\_\_\_\_