Northern Michigan University Radiography Program Application for Admission

Name				
Previous Surname(s)	First (As used on Hi	Middle	rocards)	
1 Tevious Sur name(s)	(As used on In	gn School and Conege	recorus)	
University Student IN	(Us	(Used for identification purposes)		
Present Address				
Present Address Street Present Telephone ()	City Work Telephone (State)	Zip Code	
E-mail Address:	Last Four Digits of So	ocial Security Number_		
Emergency Information: Person to be no Name				
Telephone Number ()	Address			
☐ First Time Application ☐ Re-appl	ication			
	Education			
List all High School, College or University,	·		1011	
School	Address	Dates Attended	Award/Diploma	
List all full and part-time work experience b	Employment			
Employer	Address	Supervisor	Telephone	
Employer	Audiess	Supervisor	тетерионе	

Admissions 2

Performance Standards				
	Yes	No		
I have reviewed a copy of the Radiography Program's Performance Standards and				
believe I have the abilities to perform these standards satisfactorily.				

Criminal History					
In accordance with Michigan State Law for positions that regularly provide direct services to patients, the NMU					
Radiography Program reserves the right to deny admission to anyone who has been convicted of a crime (misdemeanor or					
felony) or is pending a criminal charge (excluding minor traffic violations). It is also understood that conviction of a felony					
may be grounds for denial of eligibility to complete the ARRT licensure examination post graduation.					
	Yes		No		
I understand that a Criminal Background check will be completed if I am accepted.					
I have contacted the ARRT for pre-application review according to Ethical	N/A	Yes	No		
Standards?					

I hereby:

- 1. Certify that all information provided for the purpose of application is true and correct to the best of my knowledge. I understand that if I knowingly provide false or misleading statements during the application process, I may prevent my acceptance or be cause for my dismissal from the Radiography Program.
- 2. Authorize the Radiography Program's Admission Committee the right to view my application for the purpose of determining my qualifications for acceptance.
- 3. Authorize the Northern Michigan University Radiography Program to investigate my past records and to ascertain any and all information, which may concern my record and character; and release my present and past employers, references, and all persons whomsoever from any damages because of furnishing said information.

II I agree to	accept my appointment into the NMC	Radiography Program I Will	abide by all Program policies and re	egulations.
Signature			Date	

The NMU Radiography Program is committed to equal opportunities for all applicants. Our policy is to select student radiographers on the basis of individual merit and ability without discrimination of race, age, color, religion, sex, national origin, disability, veteran's status, height, weight, marital status, sexual orientation, or gender identity; thus all matters pertaining to the recruitment and education of our students will be free of discriminatory practices.

Northern Michigan University, Department of Clinical Sciences, Radiography Program, 1401 Presque Isle Ave, Marquette, Michigan, 49855 (906) 227-2868 or (906) 227-2845.