Applications are **NOT COMPLETE** and will not be considered until **ALL** forms and **ALL** required documentation is submitted.

Use the checklist below to verify that all information is submitted. Sign and date this form and submit it along with the required documentation to the Rad Tech program director or department secretary in person or by mail by the **June 1** application deadline.

- **Application to McLennan Community College**
  Apply online through ApplyTexas.org.

- **Application for the Radiologic Technology Program**
  Submit the completed application to the Rad Tech program director.

- **Documentation – Test scores that show college readiness in reading, mathematics, and writing or proof of qualified exemption**
  Submit to both the Rad Tech program director and Highlander Central in the Enrollment Services Center.
  If not taken yet, indicate the date when the test will be completed: ________________________________

- **Documentation – Transcripts from all colleges where you have earned credit**
  Official transcripts must be submitted to Highlander Central. Copies of unofficial transcripts from all colleges including MCC must be submitted to the Rad Tech program director.
  *Please Note*: It is the applicant’s responsibility to submit updated transcripts to Highlander Central as additional courses are completed.

- **Documentation – Proof of Health Career certifications and/or High School Tech-Prep participation (if applicable)**
  Submit to both the Rad Tech program director and Highlander Central in the Enrollment Services Center.

- **Documentation – Attend an information orientation session by June 1 of the application year**
  Submit to the Rad Tech program director.

- **Documentation – Completion of the TEAS test with a score of 60 or higher**
  Submit to the Rad Tech program director.

- **Documentation – Radiologic Technology Essential Skills**
  Read, sign, and submit to the Rad tech program director.

After you have completed and checked all applicable items above, you are ready to turn in your application.

_________________________  __________________________
Signature                                             Date

McLennan Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Drew Canham, Vice President of Student Success, 1400 College Drive, 254-299-8645, titleix@mclennan.edu. A lack of English language skills will not be a barrier to admission to and participation in career and technical education programs.

McLennan Community College no discrimina a ninguna persona independientemente de la raza, color, origen nacional o étnico, género, discapacidad, o edad en sus programas, actividades o empleo. Para obtener información sobre el cumplimiento de esta política de no discriminación por parte de la institución, comuníquese con el siguiente administrador: Drew Canham, vicepresidente Éxito Estudiantil, 1400 College Drive, 254-299-8645, titleix@mclennan.edu. La falta de conocimiento del idioma inglés no será un impedimento para la admisión y participación en programas de educación técnica y profesional.

For students in these Health Profession programs who may have a criminal background, please be advised that the background could keep you from being licensed by the State of Texas. If you have a question about your background and licensure, please speak with your faculty member or program director. You also have the right to request a criminal history evaluation letter from the applicable licensing agency.
Application for Radiologic Technology Program

Application deadline is June 1. This application is effective for ONLY one review. A new application is required for each application year.

Name: ____________________________  ____________________________  ____________________________  ____________________________
   Last name                      First name                      Middle name                      Other names used on records
MCC ID #: ____________________________

Current address:

__________________________________________  ____________________________________________  ____________________________________________
   House number                      Street, Route or P. O. Box number                      Apartment number

__________________________________________  ____________________________________________  ____________________________________________
   City                             County                      State                      ZIP

Telephone number:  home (______) ____________________________  work (______) ____________________________

E-mail address: ____________________________________________

Date of expected enrollment:  Fall 20__________

Have you previously applied to this program?  ☐ Yes  ☐ No  Year(s) applied? ____________

I would like to be considered for the following campus (choose one):  ☐ Waco campus  ☐ Temple campus

List all colleges and/or vocational-technical schools you have attended, including MCC:

<table>
<thead>
<tr>
<th>College</th>
<th>Dates attended</th>
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The steps outlined on the Application Checklist (admission to the college, testing, transcripts, etc.) must be completed before the applicant can be considered for admission to the Radiologic Technology Program.

Have you ever been convicted of a crime other than a minor traffic violation?  ☐ Yes  ☐ No

Please note: Driving under the influence (DUI) or driving under suspension (DUS) are not considered minor traffic violations. Failure to disclose will result in withdrawal from this program. Be advised that a criminal background may exclude a student/graduate from being licensed by the State of Texas. Students have the right to request a criminal history evaluation letter from the applicable licensing agency. For more information, contact this program’s director.

I certify that the information furnished in this application is complete and correct.

__________________________________________________________________________  ____________________
   Signature                      Date

Return this form to:

Program Director, Radiologic Technology
McLennan Community College
1400 College Drive
Waco, Texas 76708
Application for Radiologic Technology Program

Admission Criteria Worksheet

Name: 

Application Cycle: 

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Institution Name</th>
<th>Grade</th>
<th>Semester/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biology 2401</td>
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<td></td>
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<tr>
<td>English 1301/1302</td>
<td></td>
<td></td>
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<tr>
<td>Med Term 1206</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Mathematics (College)</td>
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</table>

<table>
<thead>
<tr>
<th>Co-Requisite Courses</th>
<th>Institution Name</th>
<th>Grade</th>
<th>Semester/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych 2301 (SOCI 1301)</td>
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<tr>
<td>Humanities</td>
<td></td>
<td></td>
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<tr>
<td>Biology 2402</td>
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<td></td>
</tr>
</tbody>
</table>

TEAS Score ___________ TEAS Date ___________ (copy of results must be included)

High School Tech Prep Completed  □ YES or □ NO
Prior U.S. Military Service     □ YES or □ NO
Re-applicant                    □ YES or □ NO
Information session attended    □ YES or □ NO (certificate or letter must be included)