EACH APPLICATION MUST INCLUDE THE FOLLOWING:

- Completed application
- Receipt of non-refundable $50 application fee paid to the cashiers office
- SEALED OFFICIAL transcripts including final grades in all prerequisite courses.  
  *(Transcript must be sent directly to Program Advisor)*
- Work/Volunteer Experience Form (if needed)

*Interviewees will be selected by highest scorers from the above requirements*

Students are admitted into the program without discrimination in regards to gender, age, creed, ethnic origin, or marital status. Space in the program is limited; therefore, admission will be competitive, based on an objective point procedure that has been strategically set up to predict student success. Initially, points will be calculated and weighted from the admission criteria including: prerequisite grades, overall college GPA and work experience or volunteer hours in the health care setting. Subsequently, the top 20-25 highest-scoring applicants will be invited for an interview with the selection committee. Prior to applying to the program, individuals should give careful consideration to the mental and physical demands of the program and the pressures involved in undertaking the responsibilities of being a full-time Medical Radiography student.

Thank you for your interest in the Medical Radiography program. Notification of acceptance status will be e-mailed to you as soon as results are available. A mandatory orientation for students accepted into the program will be held prior to the start of fall semester.

Questions? Contact Rachel Harris, Health Science Advisor, (435) 652-7695 or Rachel.harris@dixie.edu. Thank you for your interest in Dixie State University and the Medical Radiography Program!

**SUBMIT COMPLETED APPLICATION AND ALL ABOVE REQUIREMENTS TO:**

DIXIE STATE UNIVERSITY  
RACHEL HARRIS, HEALTH SCIENCE ADVISOR  
ACADEMIC ADVISEMENT CENTER  
225 SOUTH UNIVERSITY AVENUE  
ST GEORGE, UT 84770
### 1. Personal Information

<table>
<thead>
<tr>
<th>DSU Student ID Number</th>
<th>Preferred Name</th>
<th>Birthdate</th>
<th>First Name</th>
<th>Last Name</th>
<th>MI</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<th>Other Phone</th>
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### 2. Emergency Contact

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Email</th>
<th>Phone</th>
<th>City</th>
<th>State</th>
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### 3. Program Application Requirements

- I am a student in good standing  
- OR  
- I have included the $50 application fee receipt  
- I am a transfer student and have completed the DSU admissions process  
- I have enclosed the volunteer hour verification form  
- I have enclosed sealed OFFICIAL transcripts

### 4. Work History/Volunteer History

<table>
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<tr>
<th>Employer</th>
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</table>
I do hereby certify that the statements in this application are true and complete to the best of my knowledge.

Signature ___________________________ Student ID ___________________________ Date ___________________________
Acknowledgement of Program Requirements for Personal Effort and Commitment

The nature of the Dixie State University Medical Radiography program, as with most college/university programs, requires a substantial time commitment to fulfill the intensive requirements of the program in the classroom, laboratory, and clinical settings. Student success in the program is dependent upon the creation and maintenance of a collaborative, working partnership between students and faculty. The program faculty recognizes its responsibility as facilitators of your learning and is committed to helping you succeed in the program.

However, it is important that you are aware of the responsibilities you will hold for your own learning while in this program. As part of your application to the program, please read the following and sign below. Your signature is an acknowledgement of your understanding of the expectations of the program.

1. There is a minimal study expectation of two hours of study per week for each credit enrolled. Most students spend more time than the minimal study expectation.
2. Although we hold an appreciation for your possible need to work to support yourself and/or a family, most students find it extremely difficult to work and still achieve the grades they may have received in non-radiographic courses.
3. In general and given the same amount of student effort, medical radiography students may not achieve the grades they have received in non-radiographic courses. You will be learning a “new language” in the first year of your program. As well, you will be exposed to in-depth, comprehensive radiography concepts and principles that may require more effort on your part to learn and understand.
4. You are expected to be prepared for class, lab, and clinical. This may include extensive reading and other assignments prior to your attendance.
5. Most exams given in the medical radiography courses are structured similarly to the ARRT exam. This means that most of the items on the exams are application, analysis, and synthesis-type questions rather than simple knowledge and recall. We provide you with learning strategies and test-taking strategies that help you take the national registry.
6. You will find the program very different and much more difficult than your past educational experiences. The program is designed this way to facilitate the quality of the program, prepare you to pass your certification exam, and ensure you become a safe and competent Radiologic Technologist.

I certify that all of the statements in this application and all of the documents submitted with this application are true and accurate to the best of my knowledge. I acknowledge that I have read and understand the above statements and if I am accepted into Dixie State University’s Medical Radiography program, I agree to organize my time and personal affairs in order to meet the commitment necessary to succeed.

Print name of Applicant

Signature of Applicant

Student ID

Date
Name of Applicant: _____________________________________  Student ID: ____________________________

**********************************************************************************TO BE COMPLETED BY SUPERVISOR***********************

Name of Facility:  _________________________________________________________________________________________

Start Date: _______________  End Date: _________________

Total Hours Completed: _________________

FT / PT / VO

Duties/Comments: __________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Supervisor: ____________________________  Title: _______________________________________

Supervisor Signature: ______________________________________________________