

2019 Radiography Traditional Application

Instructions



Complete the Radiography Traditional Application

- Missing information will be considered incomplete

Attach unofficial college transcripts from transferring institutions attended after high school

Attach copies of SAT/ACT scores *if* your math subscore meets program requirements

- Records can be accessed and printed from MyFSU under *Test Scores*

Application Cycle



- January 15th-30th for ALL programs except Nursing
- March 15th-30th for Nursing

Application documents are to be submitted to the address below, no earlier than the 15th and post-marked by the 30th for consideration. If you are mailing the materials, please use a return receipt service through your preferred postal delivery service for documentation that the materials were received.

College of Health Professions, [VFS 209],
Ferris State University
200 Ferris Drive, Big Rapids, MI 49307

Eligibility



Currently enrolled or admitted to Ferris State University in the Radiography Concentration

Qualified by the end of SPRING semester

Meet the requirements listed in the Qualification Policy

Overall 2.5 GPA required to start the program

2019 Radiography Traditional Application

Last Name: First Name:

FSU ID#:

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Note: All correspondence related to this application will be sent to the address provided

Current Address:	<input type="text"/>		
Apartment #:	<input type="text"/>		
City/State/Zip:	<input type="text"/>		
Phone #:	(<input type="text"/>)	Alternate #:	(<input type="text"/>)
FSU Email:	<input type="text"/>		

High School Graduation Date (month/year):

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List ALL colleges/universities attended (high school dual enrollment and Ferris State not required):

1) <input type="text"/>	3) <input type="text"/>
2) <input type="text"/>	4) <input type="text"/>

*Attach unofficial transcripts for each institution listed above

Qualification Criteria for Radiography (complete all blank spaces)

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Qualifying Course	Minimum Grade/Credit		Semester/Year Taken	College or Career Center (CC) Where Taken	Grade or Credit (CR) or In Progress (IP)
	Grade	Credit			
Math 115 or ACT Math subscore of 24+ SAT16 Math subscore of 580+	B-	3 cr			
ENGL 150	C-	3 cr			
COHP 100 Medical Vocabulary	C	1 cr			
BIOL 109 Human A&P	B-	4 cr			
<i>Example 1: BIOL 109</i>			<i>Fall '18</i>	<i>FSU</i>	<i>* IP or range A to B-</i>
<i>Example 2: COHP 100 taken at a Career Center</i>			<i>Fall '17</i>	<i>CC</i>	<i>CR</i>
<i>Example 3: ENGL 150 AP test</i>			<i>Spring '18</i>	<i>High School</i>	<i>CR</i>

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Review and **INITIAL** the statements that follow. Use **NA** for items that do not apply.

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- _____ I have attached unofficial transcripts from all colleges/universities (other than Ferris State University) attended after high school. *Required in this application packet, even if previously submitted to FSU for admission.*
- _____ I have attached a copy of my ACT/SAT scores if my math requirement was met by test scores.
- _____ Other (attached is other documentation to confirm my requirements are met).
- _____ My qualifying BIOL & MATH courses were completed within the allowable attempts per the Qualification Policy.

NOTE

CRIMINAL BACKGROUND CHECK REPORT: The criminal background check will be filed after you are admitted to the clinical sequence of the program and submitted as other required immunization records.

Incomplete application materials will not be reviewed and the applicant will not be considered for admission.

Any transfer credits must meet program requirements. The following URL can be used for course transfer equivalencies: <https://ferris.edu/HTMLS/statewide/apply/transferequiv.htm>. Documentation will need to be attached to the application for approved substitutions.

SIGNATURE

I verify that the information provided within this application is accurate. I am accepted or enrolled as an Allied Health Science - Radiography Concentration student for either my primary or secondary FSU program.

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Signature: _____ Date: _____

FSU ID#: _____

*You will be notified about your acceptance after March 15th.

Comments: