



### Radiography Program

## Application for Admission

**Directions:**

- Complete **ALL** information requested and submit with a copy of your HIGH SCHOOL DIPLOMA or EQUIVALENCY.
- Please provide proof of U.S. Citizenship or legal status with this application.

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MM DD YYYY

EMAIL ADDRESS: \_\_\_\_\_

WHO TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

**EDUCATION:** List **ALL** institutions attended beginning with high school. Official transcripts are required from **ALL** institutions that you were enrolled in, regardless of length of time attended. No student copies will be accepted.

High School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

College: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

College: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Other: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

**Turn paper over please**

HAVE YOU EVER BEEN CONVICTED OF A CRIME:       YES       NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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HOW DID YOU HEAR ABOUT THIS PROGRAM?

NEWSPAPER       T.V.       Social Media       OPEN HOUSE

INFORMATION SESSION       FRIEND OR RELATIVE       OTHER: \_\_\_\_\_

CURRENT H.C.C.C. STUDENT (H.C.C.C. STUDENT I.D. #: \_\_\_\_\_)

All papers filed in support of this application become a permanent part of the Radiography Program. They are not returnable. I certify that the information given by me on this application is complete and accurate, and I understand that any misrepresentation may be cause for dismissal and / or refusing admission. Each application must be 18 years of age or older to qualify for admission to the School Program. I am aware that, if accepted to the Radiography Program, I will be required to agree to a criminal background and drug screening investigation. I further understand that commencement and continuation in the Radiography Program is contingent upon the satisfaction of the school's Radiography Program, in its sole and total discretion, with the results of the criminal background investigation.

Signature of Applicant: \_\_\_\_\_

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

**The Admission and Education Policies of the Hudson County Community College-Radiography Program are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability and national origin.**

Office Use Only

Application Received On:

*Stamped with the date application is received in the department office.*