



# XAVIER UNIVERSITY

Radiologic Technology Program  
3800 Victory Parkway  
Cincinnati, OH 45207-7332

APPLICATION FOR ADMISSION to:  
Radiologic Technology Program  
Associate Degree in Science

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SS#: \_\_\_\_\_

*In case of an emergency, please notify:*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

### Educational Background

Type of School	Name of School	Address	Dates Attended
Elementary			
High School			
College			
Other			

### Employment Background (Include any service experience)

Type of Work	Employer	Dates Employed	Full or Part-time

The Admissions Office or Center for Adults and Part-time Students (CAPS) has accepted me into Xavier University as an undergraduate student. *(Please circle the correct department)*

Hospital preference: \_\_\_\_\_ Good Samaritan Hospital      \_\_\_\_\_ Mercy Hospital – Western Hills  
*(Indicate as first and second choice)*

REFERENCES: References are required from professionals other than family members who have current knowledge about the applicant. Examples of such individuals include, but not limited to, teachers, counselors, principals, clergy, and/or employers.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_

Why do you wish to enter this program in radiologic technology? \_\_\_\_\_

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What in your background (school courses, extracurricular activities, jobs, etc.) has inclined you toward radiography? \_\_\_\_\_

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What are your hobbies, talents and interests? \_\_\_\_\_

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*I declare the foregoing to be truthful and complete statement of facts to the best of my knowledge and belief, and further agree that such statements may be investigated and, if found false, will constitute sufficient reason for my release:* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OPTIONAL:

1. Do you need housing? \_\_\_\_\_

2. To what other colleges are you applying? \_\_\_\_\_

3. How did you hear about our program? \_\_\_\_\_

4. Have you applied or attended Xavier before? \_\_\_\_\_