**CERTIFICATE IN RADIOGRAPHY PROGRAM**

**APPLICANT DATA FORM**

**Responses to questions must be typed.**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please attach **proof of residency** in one of the following counties:

Alamance, Caswell, Durham, Orange, Person, Lee, or Chatham

Two of the following are required:

Birth certificate

Current driver's license

Letter from current employer (with employment dates)

County tax record

* All applicants must provide proof of US citizenship or permanent residency

One of the following items is allowable:

U.S. Passport

Certificate of U.S. Citizenship

Certificate of Naturalization

Original or certified copy of birth certificate

U.S. Citizen ID card

ID card for use of Resident Citizen in the US

**Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How were you informed of the UNC Radiography Program?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT DATA FORM (cont.)

1. List academic and extracurricular activities and recognitions received in high school, college, and job. Examples include: awards, scholarships, activities in organizations, community work, special interests, etc. (Voluntary Answer)
2. Beginning with your most recent, briefly describe jobs held, including dates of employment and responsibilities.
3. Describe your volunteer or work experience in hospitals or other health care facilities.
4. Describe your radiology observation experiences. Attach Clinical Observation Record(s) to Applicant Data Form

1. Describe your perception of the (a) roles, (b) responsibilities, (c) activities, and (d) work settings of radiologic technologists.
2. Why did you select radiologic science in preference to the other professions?
3. In addition to your desire to help people, what characteristics or personal qualities do you have to offer in this profession?
4. Add additional information the admissions committee should consider in evaluation of your application.

I have responded honestly and truthfully to the above statements and questions to the best of my knowledge and ability. I understand that this information may only be used in consideration for my admission to the UNC Division of Radiologic Science.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this completed form along with the Applicant Demographic Sheet to:

Susan MacNeela M.Ed., R.T.,(R) ARRT  
Division of Radiologic Science

321 South Columbia Street   
CB #7130, Bondurant Hall: Suite 3050  
University of North Carolina at Chapel Hill  
Chapel Hill, NC 27599-7130

**The University of North Carolina at Chapel Hill: Admissions Policy**

All qualified persons are welcome to seek admission to the University of North Carolina at Chapel Hill, and all persons may apply for and accept admission confident that the policy and regular practice of the institution are not to discriminate in offering access to its educational programs and activities on the basis of age, gender, race, color, national origin, religion, creed, disability, veteran's status, sexual orientation, gender identity, or gender expression. For information regarding the University of North Carolina at Chapel Hill’s Admissions Policy, click on the link below:  
[UNC-Chapel Hill Admissions Policy](https://catalog.unc.edu/admissions/undergraduate/#admissionspolicytext)