

- Submit completed Application
- Submit completed Program Applications List
- Submit this form after signing.
- Remit the \$25 Application Fee with the Application
- Request enrollment verification for spring semester **2012** courses to be mailed **DIRECTLY** to the Medical Radiography Program office, **if not included on transcript listed below.**
- Request **OFFICIAL** transcripts from post-secondary educational institutions to be mailed **DIRECTLY** to the Medical Radiography Program office. High school transcripts are NOT required.
- Contact Program to confirm receipt of application documents.

These materials must be **received by or delivered** no later than **January 6, 2012**, to the Medical Radiography Program office. **NO EXCEPTIONS.**

Send to:
Medical Radiography Program
Rapid City Regional Hospital
353 Fairmont Blvd
PO Box 6000
Rapid City, SD 57709

By signing below, I acknowledge that I have read and I understand the Medical Radiography Program Pregnancy Policy and Dress Code Notification.

Applicant Signature: _____ Date: _____

Printed Name: _____