

**Professional Certificate in Radiologic Sciences
Department of Health Sciences, Colorado Mesa University**

Summary Sheet: Application

Save the documents, then email to healthscience@coloradomesa.edu with the subject "Pro Cert in Radiologic Sciences"

Submit the following items to the Department of Health Sciences Office prior to the application deadline of July 15 for fall semester, December 15 for spring semester, and April 15 for summer semester:

- _____ 1. Application for Professional Certificate in Radiologic Sciences
- _____ 2. Current Colorado Mesa University transcript and/or transcript(s) and transcript evaluation for all colleges/universities attended. Have these sent directly by the CMU Registrar's Office to the Department of Health Sciences by completing the *Transcript Request Form* below.

Before turning in the *Transcript Request Form*, make sure the following are completed. If you turn in the *Transcript Request Form* prior to completing the following, the Registrar's Office will send incomplete transcripts/transcript evaluations resulting in an incomplete application. Incomplete applications will not be reviewed. It is the applicant's responsibility to complete the following by the deadline:

Current CMU Student Applicants:

- Confirm with the Registrar's Office (970-248-1555) that there are no holds on your account.

Non-Current CMU Student Applicants:

- Apply to CMU via the Admissions Office.
- Confirm with the Admissions Office your acceptance to CMU.
- Confirm with the Registrar's Office receipt of all transcripts from previously attended colleges/universities.
- Confirm with the Registrar's Office completion of your transcript evaluation.
- Confirm with the Registrar's Office that there are no holds on your account.

It is the applicant's responsibility to make sure documents requested for application is properly submitted to the Department of Health Sciences office prior to the deadline.

**Professional Certificate in Radiologic Sciences
Department of Health Sciences, Colorado Mesa University**

Application for Admission

1. Full legal name _____
Last First M.I. Maiden Name

CMU Student ID# 700 Date of Application ____/____/____
(assigned upon acceptance to Colorado Mesa University)

2. Email Address (*print clearly*): _____@mavs.coloradomesa.edu

3. Present mailing address

Street Address Apt #

City State Zip

4. Permanent home address (if different from above)

Street Address Apt #

City State Zip

5. Home phone number N/A () Cell phone number: N/A ()

6. AAS Program Attended _____
Name of School

Complete Address of School

7. Degree Granted _____ Graduation Date _____

8. ARRT/NMTCB/ARDMS ID Number _____

9. Are you currently under suspension, CE probation, censure, or revocation? Yes (explain on a separate piece of paper) No

10. Specialty Interest CT

I certify that all the information on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal from the program. Further, I am granting permission for the Department of Health Sciences to access my Colorado Mesa University records; including, but not limited to transcripts and transcript evaluations from the Office of the Registrar.

Signature: _____ Date: _____

**Submit paperwork to
Colorado Mesa University
Department of Health Sciences
via email:
healthscience@coloradomesa.edu**