



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 valid government I.D. upon acceptance.

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: _____

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 College 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 College'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.