

MRI PROGRAM ADMISSION APPLICATION

Please print or type when completing this form and return it to:

Department of Allied Health & Career Programs Room 4453 or 4457 South Suburban College, 15800 S. State Street, South Holland, IL 60473 or email to MRIApplication@ssc.edu

Do not return this application until all steps are complete.

Maiden: D	aytime Phone:	:()	
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NOTE: Both sides of this application MUST be signed.

Radiology Experience

What type of jobs have you held: (List the most recent one first)

Position/Title	Dates of Employment	Employer	
Are you currently employed?	Please choose one: Yes	No	
If yes, how many hours per week?_			
Are you currently serving in the US If yes, please submit a copy or you		n? Please Choose One: Yes No	
PLEASE NOTE: All transcripts must be on file in	the Admissions & Records area. All informa	tion must be on file or your application will not be processed.	
	• •	le licensure procedures and requirements and state laws pletion of the MRI Program at South Suburban College.	
Eligibility may be limited by the results of a	a criminal background investigation. A o	drug screening is usually required by most employers.	
Signaturo	Date		

NOTE: After reading you must sign both sides of this application.