

Internal Transfer Application Medical Imaging Degree program

Complete the following application and contact the Allied Health Coordinator to set up an interview appointment. (Dr. Kipe-Nolt: jkipenol@bloomu.edu, 389-4319, 269 HSC). Students must have a minimum of: a 2.5 overall QPA, grades of C in any core courses (*) that have been taken, grades of B in any repeated core course.

Name: _____

ID # _____

Number of credits completed at BU _____

Cumulative QPA _____

Total number of college credits completed _____ Expected Graduation Date: _____

If you have taken any of the following courses note semester and grade

Course	Semester Taken	Grade Earned
Concepts of Biology 1*		
Anatomy & Physiology I*		
Anatomy & Physiology II*		
Introductory Chemistry*		
Physics for Health Sciences*		
Technical Algebra*, College Algebra, or Pre-Calculus		
Computer Science/Info Tech*		
Other Science Courses		
University Course # Course Name (if other than BU)		

Have you done any shadowing of medical imaging professionals? Explain.

What attracts you to the Medical Imaging field?

What characteristics do you have that you believe will make you a good technologist?

The medical imaging degree program involves transferring into a hospital based clinical program. Admission into a clinical program is not automatic or guaranteed; it is very competitive and requires high scholastic achievement, knowledge of the profession, and good interpersonal skills.

List at least 5 hospital based certificate programs you may be interested in applying to:

The following websites can be reviewed for listings of accredited programs:

in radiography – <http://www.jrcert.org/cert/Search.jsp>

in sonography - <http://www.caahep.org/programs.aspx>

in nuclear medicine - <http://www.jrcnmt.org/acprograms.asp>

Sign this form and bring it with you to your interview

Signature of Transfer Student Applicant: _____ Date: _____

OFFICE USE:

Academic Advisement: This student _____ has been accepted for transfer into the Medical Imaging degree program. Please include this signed form in their academic folder when it is sent to the Biology & Allied Health Sciences Department.

Allied Health Coordinator

Date