UPMC Jameson
School of Radiography

2414 Wilmington Rd.
New Castle, Pennsylvania 16105

Application for Admission

The UPMC Jameson School of Radiography considers all applicants to the program regardless of a person's race, color, religious creed, ancestry, union membership, age, gender, sexual orientation, gender identity or expression, national origin, AIDS or HIV status or disability. All applicants must be mentally and physically capable of completing the didactic and clinical objectives as stated in the curriculum requirements.

An application fee of $50.00 in the form of a check or money order made payable to UPMC Jameson School of Radiography must accompany the application.

Please print or type all information:

Date_____

Name_____
Last First Middle initial Maiden

Home Address _____
Number and Street Name

_____
City State Zip Code

Contact Telephone Number _____(home) _____(cell)

Email Address_____

Are you a U.S. Citizen _____Yes _____No

If no, give your resident status. Permanent Resident _____ Yes ____ No

Have you ever been convicted of a misdemeanor or felony?
If yes, please describe in full:

_____

_____

_____

Have you previously applied for admission to our school? _____Yes _____No

If you did not graduate from high school, do you have a GED? _____Yes _____No

List all high schools or other secondary schools you have attended:

Name of school	Address	City & State	Dates of attendance Start End	Graduation, GED or degree earned

List all colleges or other post- secondary schools you have attended:

Name of school	Address	City & State	Dates of attendance Start End	Graduation or degree earned

All transcripts from high school or post-secondary must be submitted directly from the institution.

List all work experiences, both full and part-time, beginning with the most recent:

Dates of employment Start End	Position	Employer	City and State

Please list all school and community activities in which you have participated

_____

_____

_____

_____

At least four references must be submitted with this application using our **specific reference sheet.** The references must be in a sealed envelope from the individual. Additional letters of reference may also be accepted. Please select previous instructors or employers, not relatives or close personal friends as your references.

Please answer the following questions. (Use additional paper is necessary).

What activities or experiences have contributed to your personal growth and influenced your decision to choose medical imaging as a career?

_____

_____

_____

_____

_____

_____

_____

What are your professional plans for the future?

_____

_____

_____

_____

I certify that the information given by me to all the questions on this application is, to the best of my knowledge and belief, true and correct. I have not knowingly withheld any pertinent facts or information. I understand that any omissions or misrepresentation of data on this application may result in refusal of admission to UPMC Jameson School of Radiography and Specialty Programs. If such false statements are discovered subsequent to my admission, I may be subject to immediate dismissal from the UPMC Jameson School of Radiography and Specialty Programs.

Signature _____

Date_____

All application materials and fees are to be submitted to:

UPMC Jameson School of Radiography
2414 Wilmington Rd.
New Castle, PA 16105