

**IMPORTANT NOTE:**

**Complete this form  
only if you turned in  
a RT application for the  
2011 year.**

Chattanooga State Community College  
**Radiologic Technology Program**  
**Fall 2012 Application Update**

**Please complete this form only if you applied for the fall 2011 and were not accepted and you would like your file included in the fall 2012 applicant pool.**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address: \_\_\_\_\_

Have you attended an Information Session for Radiologic Technology? Yes \_\_\_ No \_\_\_  
(Attendance is mandatory at one information session)

Have you taken the Test of Essential Academic Skills (TEAS)?  
Yes \_\_\_ No \_\_\_

If No, when do you plan to take it? \_\_\_\_\_

Have you taken the ACT? Yes \_\_\_ No \_\_\_ (The ACT is mandatory for Radiologic Technology applicants.)

Have you submitted college transcripts from all schools attended? Yes \_\_\_ No \_\_\_  
(You need to contact Admissions to verify that transcripts have been received and evaluated.)

Have you submitted your high school transcript? Yes \_\_\_ No \_\_\_

Relevant Work Experience: Provide below any work experience in the field of Radiology.

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You may call (423) 697-2504 to verify all that is in your file.

I certify that the above information is true and accurate to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Return by December 15, 2011 to:

Chattanooga State Allied Health  
ATTN: Applications Coordinator  
4501 Amnicola Highway  
Chattanooga, TN 37406-1097