

## **School of Radiologic Technology**

\*\* Mail all correspondence, Transcripts, etc. to: ATTN: R.T. Director of Radiology School 2701 N. Decatur Road ● Decatur, GA 30033

Application for Appoi	ntment as a Student Radi	<u>iographer</u>	
_		Year Applying	9 For: 20
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	E-Mail Address:		
First	Middle	Mai	iden
lled:			
by the 1st Monday of Sep	otember of the year you sta	rt? Yes O No C	
Street	City	State	Zip
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sted or convicted of a fel	ony? O No O Yes.		
stitution Name	Dates Attended	Graduated?	Degree
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Please attach a hand written paragraph stating why you want to become a radiographer.

\*\*<u>Important:</u> We must have *official* high school/ college transcripts (from all schools attended) and SAT, ACT or ACCUPLACER scores. We will be interviewing in February for the class beginning September. \*\*

Emory Decatur Hospital does not discriminate on the basis of race, color, creed, sex, religion, natural origin, or disabilities.

How did you hear about our program? O Internet O friend/ work O other					
<b>Employment</b> (List la	st employer first)				
Employer	Ado	dress	Telephone		
Position Held	From	То	Reason for Leaving		
Employer	ployer Address		Telephone		
Position Held	From	То	Reason for Leaving		
		References must be teacher emailed a reference form to	rs, professors, supervisors, managers, or employers. o complete and return.		
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