Moorpark College Associate Degree Radiologic Technology (RadTech) Program Application

1. Last Name: _____ First Name: _____ Previous Name(s) if any _____

Gender: ☐Female ☐Male **Ethnicity**: ☐Asian-Non Filipino ☐African American ☐Hispanic ☐White ☐American Indian ☐Filipino ☐Other _____

If you do not have a Moorpark College Student ID # please submit an application to the college.

MC Student ID#: _____ S.S.N. _____ **Date of Birth _____

SOCIAL SECURITY NUMBER IS REQUIRED

Address _____ City _____ State: _____ Zip Code _____

Home Telephone No. _____ Cell Phone No. _____ Email _____ @my.vcccd.edu

For statistical purposes only

All Veterans and spouses must attach a copy of form DD-214.

☐ Veterans Eligibility: active military, naval, or air service and discharged under conditions other than dishonorable. Includes full-time duty in the National Guard.

☐ Spouse Eligibility: (widow/er of a veteran that otherwise meets this criteria)

2. Highest Degree held: _____ If no college degree, did you earn a: ☐GED ☐HS Diploma

3. **List COMPLETED PREREQUISTE coursework required for application: (all must be completed with a grade of "C" or better)**

Course	Units	Where Taken	When Taken	Grade
College Anatomy & Physiology w/lab, 5 units *or*, College Anatomy, 4 units *and* Physiology, 4 units				
NS M19 Medical Terminology, 3 units				
Eng M01A English Composition, 4 units				
Math M03 Intermediate Algebra or higher, 5 units				
NS M17/RADT M17 Health Care Ethics, 3 units				

4. List **ALL** colleges or universities you attempted **ANY** course with and the approximate dates of attendance. If you attempted courses at a multi-college district, list each college separately. For example: list Moorpark, Ventura, and/or Oxnard College on separate lines.

Colleges or Universities Attended (Attach a separate sheet if more lines are needed)	Approximate Dates of Attendance (years or semesters)

5. **Required Documentation: The following must be on file with Moorpark College Admissions and Records PRIOR to submitting this application. Official electronic or official hard-copy (original, unopened envelope) method is acceptable.**

-   Official transcripts for ALL college courses attempted outside of VCCCD (Moorpark, Ventura, Oxnard Colleges), including all courses taken for credit or no credit even if not a part of the major or the prerequisites. Failure to have transcripts on file with all courses attempted and grades posted will result in disqualification.

-   If attended Los Angeles Community College District colleges, official hard copy transcripts are preferred instead of official electronic transcripts.

-   Official International transcript evaluation, if applicable

-   Official Advanced Placement (AP) scores from College Board, if being used for satisfying a prerequisite course

6. **Required Supporting Documentation: Include with application**

-   An opened official VCCCD transcript if courses were attempted at Moorpark, Ventura, or Oxnard College. Refer to the Admissions and Records Official Transcript Request webpage for directions on ordering the transcript for delivery to yourself. It is understood that this official VCCCD transcript is opened for submission with the application. Failure to submit transcripts with all courses attempted and grades posted will result in disqualification.

-   All course descriptions from the *college catalog* for the semester and year of the above prerequisite courses if taken outside of VCCCD. Include a PDF of the catalog page with the course description. Do not copy-paste the description into a word processing document, do not use the description from the Schedule of Classes, do not use the Syllabus, do not screen-snip a portion of the page. Include the entire page.

Section to be completed by Advanced Placement Applicants ONLY:

Advanced placement candidates must meet at least one of the following qualifications:
- ▪ ☐ Returning Moorpark College RadTech student requesting readmission - In what semester and year did you exit? _____
- ▪ ☐ LPX – Limited permit X-Ray Technician:
  -Specify type: _____ Number: _____ Exp. Date: _____ In good standing: _____
  NOTE: You **must** include a resume indicating work experience as a Limited X-Ray Technician.

Admission dependent on clearance of clinical requirements including: Health Appraisal, Background Check, & Drug Screen

*I understand all official transcripts must be **on file with** (not just sent to) MC Admissions and Records **prior** to submitting this application. I authorize the use of this information to evaluate my qualifications. By signing this application, I certify under penalty of perjury that the information on this **application is complete and correct**. I understand that falsification or failure to report may result in my dismissal.*
Incomplete application materials will result in your application not being considered, and all materials will be discarded.
APPLICATION WILL NOT BE ACCEPTED IF NAME NOT PRINTED, NOT SIGNED, OR NOT DATED BY APPLICANT

Print Name: _____ Student Signature: _____ Date: _____

To be completed by Counselor after submission

Overall GPA: _____   ☐ Course descriptions from all courses taken outside of VCCCD (prerequisites only)

Counselor Signature: _____   Date: _____