

Are you an Idaho resident? YES NO

Application Fee (\$35) Pay at the Cashier's Office Account 11-01-187602-41003							
Receipt #							
Date Cashier's Initials							

A.S. RADIOGRAPHIC SCIENCE PROGRAM APPLICATION

Applying for:

Incomplete applications will be returned

• Fall Semester Admission _____(Year) March 1 – March 22 Application Window

ast Name	First Name		Midd	Middle Name			Prior Name			
ermanent Address (Street, Apt #)			City, S	City, State, Zip						
Local Mailing Address (if different from above)			City, S	City, State, Zip						
rimary Phone	Secondary Pl	LCSC	LCSC Student I.D. Number							
cmail E-mail address										
Person to contact in case of emergency		Telephone			Relationship					
DUCATIONAL RECORD Iginning with the most recent, listitutions you are currently atte College or University	nding.	es and universities Location: City and			Dates of A	ttendance		egree or Certificate		
				FKOI	M: Mo./Yr.	TO: Mo./Yr.		Earned		

E courses comp	PLETED OF	<u>R IN</u> PR	OGRESS			
Institution (attach unofficial transcripts for each school other than LCSC)	Prefix & Course #	Credit Hours	Name of Course (Can leave name and prefix blank if taken at LCSC)	Semester/ Year Taken	# Times Class was Taken	Grade (Write "IP" if still in progress)
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ent English? YES	NO both patier	nt safety		ents must mee	t LC State En	glish languag
ture			 Date			
ist:						
student attach unoff all information is co lete Course Substitut	icial transci rrect, comp tion form(s	ripts fro leted and if need	m transfer schools (if applicable) nd legible on the application form	nce courses		
	Institution (attach unofficial transcripts for each school other than LCSC) STING Health P mpleted at LCSC? g center if not taken at ENGLISH LANGUA ent English? YES nglish is required for nirements for college ture ist: ate Transfer Summar student attach unoff all information is co lete Course Substitut	Institution (attach unofficial transcripts for each school other than LCSC) STING Health Professions Dempleted at LCSC? YES g center if not taken at LCSC: ENGLISH LANGUAGE APPL Ent English? YES NO Inglish is required for both patier irrements for college acceptance irrements for college acceptance at all information is correct, complete Course Substitution form(s)	Institution (attach unofficial transcripts for each school other than LCSC) STING Health Professions HESI Dimpleted at LCSC? YES g center if not taken at LCSC: ENGLISH LANGUAGE APPLICANT ent English? YES no nglish is required for both patient safety direments for college acceptance. Institution (attach unofficial transcripts fro reall information is correct, completed at acceptable transcripts fro reall information is correct, completed at acceptable transcripts fro reall information is correct, completed at acceptable transcripts fro reall information is correct, completed at acceptable transcripts fro reall information is correct, completed at acceptable transcripts fro reall information is correct, completed at	Institution (attach unofficial transcripts for each school other than LCSC) Prefix & Credit Hours Can leave name and prefix blank if taken at LCSC) Date of exam/Planned completed at LCSC? PLEASE ATTACH EXAM RESEAUCH EXAM R	Institution (attach unofficial transcripts for eaceptable transfer of core courses and required science courses student attach unofficial transcripts for on teapting is generated at LCSC. Name of Course (Can leave name and prefix blank if taken at LCSC)	transcripts for each shool other than LCSC) Course # C

Date

LCSC Advisor Name & Signature