



# APPLICATION FOR ADMISSION RADIOLOGIC TECHNOLOGY

**Danville Area Community College**  
**2000 East Main St, Danville, Illinois 61832**  
**Telephone 217-443-3222 – [www.dacc.edu](http://www.dacc.edu)**

**Please Print or Type Application**

**Name:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**DACC Student ID #:** \_\_\_\_\_

**Have you ever been convicted of a crime? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If yes, please give a complete explanation on a separate sheet**

**PROVIDE UNOFFICIAL COPIES OF ALL COLLEGE TRANSCRIPTS, INCLUDING DACC**

**Pre-Requisite Courses:**

The following DACC courses or transfer equivalents must have been successfully completed (grade of “C” or better) within the last five years before an applicant is considered for acceptance into the program.

	Completed At (School Name)	Term	Year	Grade
Math Placement (or MATH 108 Intermediate Algebra or higher)	_____	_____	_____	_____
BIOL 136 Anatomy and Physiology I	_____	_____	_____	_____
BIOL 137 Anatomy and Physiology II	_____	_____	_____	_____
PHYS 141 Physical Science I	_____	_____	_____	_____

**Other General Education Courses:**

SPCH 101 Oral Communication	_____	_____	_____	_____
ENGL 101 Rhet. and Comp. I	_____	_____	_____	_____
PSYC 100 Intro. to Psychology	_____	_____	_____	_____
Humanities Elective	_____	_____	_____	_____

**Recommended Courses:**

BOFF 140 Medical Terminology	_____	_____	_____	_____
HLTH 102 First Aid/CPR	_____	_____	_____	_____

**I understand that upon being admitted to the program, I must pass a physical examination and drug testing approved by Danville Area Community College.**

**I understand that any false or misleading statements made by me on this application will prevent my acceptance into the program or may be cause for dismissal if accepted.**

**I understand that the clinical affiliates require background checks, and thus, students must undergo criminal background checks before entering the program. The appropriate form will be sent to me upon acceptance to the program. I also understand that if the results of the background check prevent me from participating at the clinical sites, I will not be able to enter the program.**

**I understand that if I have any questions relative to interpretation of any part of this application, I should contact the Program Director at [217-443-8552](tel:217-443-8552) or [thoward@dacc.edu](mailto:thoward@dacc.edu).**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Return to:**

**Tamara L. Howard  
Medical Imaging Director  
Danville Area Community College  
Mary Miller Complex Room 178  
2000 East Main St.  
Danville, Illinois 61832  
[thoward@dacc.edu](mailto:thoward@dacc.edu)**

**Let us know how you've heard about our program (ex: Social media, Advisors, Friends, DACC classes... etc.) List all:**

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