



APPLICATION FOR ADMISSION RADIOLOGIC TECHNOLOGY

Danville Area Community College
2000 East Main St, Danville, Illinois 61832
Telephone 217-443-3222 – www.dacc.edu

Please Print or Type Application

Name: _____ **Application Date:** _____

Address: _____

Home Telephone: _____ **Cell Phone:** _____

E-mail address: _____

Social Security or Student ID #: _____

Have you ever been convicted of a crime? Yes _____ No _____

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

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 a drug screen 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.

Date: _____

Signature: _____

Return to: Tamara L. Howard
Medical Imaging Director
Danville Area Community College
2000 East Main St.
Danville, Illinois 61832

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