



RADIOGRAPHIC & IMAGING SCIENCE PROGRAM

Official Use Only
Date Stamp

APPLICATION FORM

Name _____
Last First Middle Other Last Names

Address _____
Number Street Apt.# City State Zip

Date and place of birth _____

SBCC Student ID # _____ Telephone # _____

Email address _____ Social Security #: _____

EDUCATION: List in chronological order all educational institutions attended, beginning with high school, including the school you are now attending.

School Name	City/State	From mo/yr	To mo/yr	Diploma, Degree or # of Units

WORK EXPERIENCE: List in order, from five years to present.

Employer	City/State	From mo/yr	To mo/yr	Type of Work

REQUIREMENTS COMPLETED:

English eligibility Name of School: _____

Math 107 eligibility Name of School: _____

Anatomy Name of School: _____

Physiology Name of School: _____

Official transcripts must be submitted to SBCC if the prerequisites were completed at a school other than Santa Barbara City College.

ENTRANCE REQUIREMENT COMPLETED:

RT 100 SBCC Semester: _____

Have you ever applied to a Health Technologies program at SBCC? ___Yes___No

If yes, which program _____ When? _____

Person to be notified in an emergency:

Name _____	Relationship _____
Telephone _____	Cell # _____
Address _____	
Number Street	Apt.# City State Zip

I certify under penalty of perjury that all information I have included in this application is correct.

Signature _____ Date _____