



# Admission Form

Radiologic Technology Program

## I. General Information

\_\_\_\_\_  
Last and First Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Identification Number (Student)

\_\_\_\_\_  
Date of Birth (month, day, year)

\_\_\_\_\_  
Postal Address

\_\_\_\_\_  
City and Zip Code

\_\_\_\_\_  
Residential Address

\_\_\_\_\_  
City and Zip Code

\_\_\_\_\_  
Email

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Secondary Phone

\_\_\_\_\_  
Person to notify in case of emergency

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Relationship

Languages fluent:     Spanish     English     Other: \_\_\_\_\_

Have you applied to this program of study on a previous occasion?     Yes: Date \_\_\_\_\_     No

Have you applied to another Radiologic Technology school?     Yes: Date \_\_\_\_\_     No

Do you have experience in professions allied to health?     Yes     No

- Medical Office Service
- Geriatric or care center for the elderly
- Hospital
- Clinical Laboratory
- Other: \_\_\_\_\_

## II. Academic Record

\_\_\_\_\_  
High School and Village

\_\_\_\_\_  
Graduation Date

\_\_\_\_\_  
University Institution

\_\_\_\_\_  
City

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Graduation

University Graduate     Yes     No

Degree obtained:     Associate     High school     Other

Grade Point Average: \_\_\_\_\_

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Extracurricular activities in which he participated during his university studies.

- Student Organizations
  - Boarding Schools or Summer Camps
  - Community Service
  - Research
  - Other: \_\_\_\_\_
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### III. Work Experience

_____	_____	_____	_____
Agency or Institution	Place	Position	Date
_____	_____	_____	_____
Agency or Institution	Place	Position	Date

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### IV. Personal References

Include references of (2) professors or people with whom you have worked who can offer an evaluation of your academic performance and your potential as a student of Radiologic Technology.

_____	_____	_____
Name of Person	Place of Employment	Position
_____	_____	_____
Name of Person	Place of Employment	Position

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### V. Additional Information (for college students only)

Additional courses you completed prior to the start date of the course you are applying to.

- |  |  |
|--|--|
| <input type="checkbox"/> GEM 1200 (Algebra)          | <input type="checkbox"/> GEEN 1102, 1202 (English II)        |
| <input type="checkbox"/> GEIC 1010 (Computer)        | <input type="checkbox"/> GEEN 1103, 1203 (English III)       |
| <input type="checkbox"/> GESP 1101 (Spanish I)       | <input type="checkbox"/> GECF 1010 (Christian Faith)         |
| <input type="checkbox"/> GESP 1102 (Spanish II)      | <input type="checkbox"/> GEHS 2010 (History of PR)           |
| <input type="checkbox"/> GESP 2203 (Spanish III)     | <input type="checkbox"/> GEEC 2000 (Entrepreneurial Culture) |
| <input type="checkbox"/> GEEN 1101, 1201 (English I) | <input type="checkbox"/> GEHS 3050 (Human Training)          |
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### VI. Formal Application

I, \_\_\_\_\_, am applying to the Radiological Technology Program at the Inter American University of Puerto Rico. I certify that all information provided in this application is correct and true. Any false, misleading, or incomplete statement contained in the application will void the approval of the application and release the Interamerican University from all liability.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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## Notes

1. **This application must be received before the last week of April of the year in which admission is requested and will be considered only if it is completed in its entirety and accompanied by the following documents:**
    - a. Copy of acceptance to the Inter-American University, San Germán Campus.
    - b. One (1) official credit transcript from each of the colleges where you have studied.
    - c. Two letters of recommendation from professors who know your record as a student.
  2. **If accepted, the student must present at the beginning of the course:**
    - a. Health Certificate
    - b. Evidence of hepatitis B vaccination
    - c. Five (5) 2x2 photos.
    - d. Criminal record certificate with negative results.
    - e. Some practice centers may require a negative doping test, flu shot, COVID, and CPR.
  3. The Radiological Technology Program is governed by the institution's non-discriminatory policy as it appears in the current catalog.
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### For official use only (do not write here)

Date received: \_\_\_\_\_

Complete Application

Date worked: \_\_\_\_\_

Incomplete Application

Worked by: \_\_\_\_\_

Pending documents:

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

\_\_\_\_\_

### Decision or Action taken

Acknowledged

Not Admitted

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Welcome to the University Paradise!**