

## SCHOOL OF MEDICAL RADIOGRAPHY

### GENERAL APPLICANT INSTRUCTIONS <sup>(13)</sup>

1. Read all attached materials. Applications received **by 10-30-12** will be considered for admission to the 2013 class. Applications received after this date will be considered for the **2014** class.
2. Complete and return the following items:
  - ..... Application form
  - ..... Non-refundable application fee of \$40.00
3. Submit an **official** transcript from all Colleges attended.
4. Fill out the waiver portion of the attached recommendation forms; and send to three (3) references. Family members will not be considered. The completed forms to be mailed directly to the School from the individual filling out the form.
4. **After receipt of all supporting information** (transcripts, etc.) and have met the minimum criteria, an interview to be scheduled between February/April of the school year applying.
5. All prospective students are required to participate in a pre-entrance site visit and interview.
6. Application fee can be paid by check or money order and made payable to:

#### CUH - School of Diagnostic Imaging

7. Mail all materials to:
  - School of Diagnostic Imaging
  - % Cooper University Hospital
  - One Cooper Plaza – D-408 South
  - Camden, NJ 08103-1489
8. Applicants for the September 2013 class **must have completed and submitted** all pre-requisite and other requirements by 5-29-13. Materials received after 5-29-13 will not be used for selection to the 2013 class.
9. For assistance, please call (856) 342-2364 or (856) 342-2397

School Catalogue/Handbook is available for download at: [www.cooperhealth.org](http://www.cooperhealth.org); bottom of page go to Allied Health link and then to the Medical Radiography link

**SCHOOL OF MEDICAL RADIOGRAPHY  
COOPER UNIVERSITY HOSPITAL  
ONE COOPER PLAZA, D-408 South  
CAMDEN, NJ 08103-1489  
(856) 342-2397**

<b>ADMISSION APPLICATION<sub>13</sub></b>
---

**Application Fee: \$35.00**

I am applying for the Medical Radiography class beginning \_\_\_\_\_

**PERSONAL INFORMATION**

**PRINT**

Applicant Name (Mr.) (Ms.) (Mrs.) \_\_\_\_\_  
Last
First
Middle

- If the information needed to process this application is located under a different name, please place the name(s) in the space provided below.

\_\_\_\_\_

Last                      First                      Middle

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Last four (4) digits of Social Security Number \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_ Cell Number (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**EDUCATION INFORMATION**

List **all** colleges or other post- secondary institutions attended. Request each institution listed to forward an **official** transcript to the School of Medical Radiography. Use additional sheet if needed.

<i>Institution Name</i>	<i>Dates Attended</i>	<i>Credit Hours</i>	<i>Degree/Program</i>

**High School** \_\_\_\_\_

**Graduation or GED year** \_\_\_\_\_

### EMPLOYMENT INFORMATION

Are you currently employed?  Yes  No  
Please list your three most recent employment experiences.

Employer Name / Address	Dates Employed	Employment Type	Is it Health Related

I certify that the information given on this application is complete and correct to the best of my knowledge. I understand that I am responsible for arranging and forwarding official transcripts from all schools listed and that such transcripts shall become the property of Cooper University Hospital, School of Medical Radiography and will not be returned to me or any other third party. I understand that my acceptance with the Medical Radiography Program is subject to verification of official records and that applicants will be disqualified for knowingly making false or inaccurate statements or for material omissions. I understand that this application is the initial step in the overall candidate process and in no way constitutes an agreement of acceptance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed form with application fee to:

**School of Diagnostic Imaging  
% Cooper University Hospital  
One Cooper Plaza, D-408 S  
Camden, NJ 08103-1489**

/Cooper University Hospital is committed to providing Equal Education and Employment Opportunity to all qualified persons regardless of their economic or social status and does not discriminate in any of its policies, programs or activities on the basis of race, color, creed, ethnic background, religion, sex, age, national origin, ancestry, atypical hereditary cellular or blood trait, genetic information, marital status, sexual orientation, sexual preference, disability, handicap, service in the Armed Forces of the United States, or being a disabled veteran of the Vietnam era, except as otherwise permitted by law.



Diagnostic Imaging Programs  
Center for Allied Health Education

### RECOMMENDATION REQUEST<sub>13</sub>

#### School of Medical Radiography

\*\*\*\*\*

To be completed by applicant (please print clearly).

Applicant Name: \_\_\_\_\_

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

\*\*\*\*\*

**Recommender**

Please complete and return this form as soon as possible to:

Admissions Committee, Sch. of Medical Radiography  
% Cooper University Hospital  
One Cooper Plaza, D-408 South  
Camden, NJ 08103-1489

All applicants are required to have recommendations by non-related individuals submitted prior to an interview. The recommender is asked to be as frank and honest as possible. A short letter of explanation may follow applicable comments. All responses provided will be maintained in strict confidence. If you need more room, please feel free to use the back of this form,

I have known the applicant for approximately \_\_\_\_\_ months/years.

My relationship with the applicant is/was in the following capacity:

Employer     Supervisor     Teacher     Counselor     Clergy

Other (specify) \_\_\_\_\_

I have known her/him  very well,  fairly well,  casually

What special strengths/assets does this applicant possess?

Does the applicant like to work with people? Give an example.

Do you think that this individual would be able to perform tasks associated with the medical profession? Why or why not?

Relative to persons of similar backgrounds, education and professional interest, how would you rate this applicant regarding each of the listed characteristics below?

(Place an "X" in the column that would best describe the applicant.)

Characteristic	Above Average	Average	Below Average	Not Applicable/ Unknown
Academic Ability				
Written Communication				
Oral Communication				
Initiative & Motivation				
Team Player				
Cooperativeness				
Dependability				
Peer relations				
Supervisor relations				
Assertiveness				
Personal Appearance				
Integrity				
Maturity				

Other Comments:

Which of the following statements would apply to this applicant?

- Highly recommended                       Recommended, with reservation.  
 Recommended                                       Not able to recommend.

\_\_\_\_\_ Recommender Signature/ Date

**Please Print:**

Name: \_\_\_\_\_

Business: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_