

**ARKANSAS STATE UNIVERSITY**  
**COLLEGE OF NURSING AND**  
**HEALTH PROFESSIONS**



**Radiologic Sciences Program**

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**APPLICATION FOR ADMISSION**

Thank you for your interest in A-State's Radiography Program. Please follow the 5 steps below and ensure all required documents are enclosed before submitting your application. Students applying to the radiography program must also apply for admission to Arkansas State University (<https://www.astate.edu/info/admissions/index.dot>). If your cumulative GPA is below 2.5, you are not eligible for admission at this time. All applicants must be 18 years of age or older by January 1, 2024 and have a valid driver's license. **Please note: You may only apply to the program a total of 3 times.**

- 1. Apply for admission to Arkansas State University (Jonesboro Campus)
- 2. PDFs of transcript(s) from each college, university, school, or other institution attended since high school, including other A-State campuses. **Unofficial transcripts are accepted with this application packet.**
- 3. PDF of mid-term grades of prerequisite Radiography courses for which you are currently enrolled. (Listed on next page)
- 4. Complete and sign the application and criminal background check/immunization acknowledgment.
- 5. Submit as one PDF packet: checklist, application, criminal background check acknowledgment, photocopy of driver's license, all transcripts, mid-term grades (if applicable), and Statement of Purpose. Shadowing Form should be faxed or emailed from clinical observation location directly to the Medical Imaging and Radiation Sciences department (see form).

**DEADLINE FOR APPLICATIONS:**

Application is for admission to the professional program beginning in the Spring semester. Application material must be sent electronically to [mirs@astate.edu](mailto:mirs@astate.edu) by 5:00 p.m. October 31st. **NO paper applications will be accepted.**

Applications are reviewed after the application deadline and are not reviewed on a first come, first served basis. After applications are received, top applicants are determined by analysis of select coursework GPAs and pre-requisite course completion. The top 50 candidates (approximately) will be interviewed. Candidates with the highest-ranking total scores will be invited to join the program. Class size may vary depending upon clinical slot availability. **Alternates are conditionally accepted.**

Name: \_\_\_\_\_  
Last First Middle

A-State ID #: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address (A-State mail preferred): \_\_\_\_\_

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

City State Zip

If your name, address or phone number changes during your enrollment, please notify the Department of Medical Imaging & Radiologic Sciences at (870) 972-3073 or [mirs@astate.edu](mailto:mirs@astate.edu) of these changes.

**Radiography Prerequisite Courses (minimum grade – C\*)**

ENG 1003 Freshman Eng. I  
BIO 2203 Anatomy & Physiology I  
BIO 2201 Anatomy & Physiology I Lab  
MATH 1023 College Algebra  
RAD 2001 Intro to Medical Imaging & Radiation Sciences  
PSY 2013 Intro to Psychology  
PHYS 1203 Physical Science (equivalent)  
PHYS 1201 Physical Science Lab (equivalent)

Were you born in a foreign country? Yes \_\_\_\_ No \_\_\_\_ If “Yes,” what country? \_\_\_\_\_

Foreign born applicants MUST submit test scores of English proficiency with the application.

English proficiency documentation includes one of the following:

- Test of English as a Foreign Language (TOEFL) with a score of 83 on the preferred internet-based test (iBT), 570 on the paper-based test, or 213 on the computer-based test.
- International English Language Testing System (IELTS) with a score of at least 6.5 and a spoken band score of 7.
- Pearson Test of English Academic (PTE) with a score of 56.

**APPLICATION PACKET Only complete packets will be accepted.**

Please submit application packet **ELECTRONICALLY** by using the directions below:

Once you have completed your application, use the application check sheet to confirm you have everything you need in order to submit a **complete** application packet. Scan your completed application packet and save it as YOUR LAST NAME\_2022.pdf (e.g. Smith\_2022.pdf). Applications will only be accepted if they are complete and submitted electronically in a .pdf format to [mirs@astate.edu](mailto:mirs@astate.edu) by 5:00 p.m. October 31st. **NO Paper applications will be accepted.**

Application packets consist of:

1. Application Checklist
2. Application form
3. Signed acknowledgement of criminal background check and immunization requirements.
4. College/University transcript(s) of **all** college work. (Unofficial transcripts are accepted) Please include your Fall mid-term grades of all radiography prerequisite requirements in which you are currently enrolled.
5. Photocopy of current driver’s license
6. Statement of Purpose (essay)
7. Shadowing Form faxed (870)972-3485 or emailed to [mirs@astate.edu](mailto:mirs@astate.edu)
8. English proficiency (*if applicable*)
9. Spanish proficiency (*if applicable*)

Students accepted into the Radiography Program will be expected to travel to assigned clinical affiliates and furnish their own transportation. Students are not compensated for clinical hours and clinical rotations begin the first summer session of the Radiography Program.

*I hereby affirm that all information supplied on this application is complete and accurate. It is my understanding that I will not be considered for admission to this program until I have submitted all requirements specified above.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

For applicants who are proficient in the Spanish language:

Actualmente en la región que sirve ASU, se necesitan profesionales de la salud que hablen español. Por favor, indique aquí si usted tiene esta habilidad. Se da crédito adicional a los candidatos que puedan demostrar esta competencia.

Spanish proficiency documents include one of the following:

- Praxis II – Spanish: World Language (mínimum score 168)
- ACTFL-OPI (Oral Proficiency Interview) (mínimum score “Advanced Low”)



**Radiologic Sciences Program**

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**Application Checklist**

Name \_\_\_\_\_

A-State Student ID Number \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Include this CHECKLIST with your ELECTRONIC Application Packet.

(For Office Use Only)

Application

Signed Background Check/Immunizations Requirements

Transcripts

Mid-Term Grades (*for Prerequisite Courses*)

Photocopy of driver's license

Statement of Purpose (essay)

Shadowing Form submitted via fax/email to MIRS

English Proficiency (*for Foreign Born Applicants ONLY*)

**Arkansas State University**  
**College of Nursing & Health Professions**  
**Criminal Background**

Student name: \_\_\_\_\_

I understand that criminal background checks will occur as part of my professional education at A-State. Evidence of a previous charge or conviction of a felony/misdemeanor on my record may affect my progress in this program. While the faculty cannot realistically determine whether this will have any future impact on my ability to work in my profession, I do understand that the following issues could arise during my time as a student or as a graduate of the program.

1. Certain rotation sites could deny me access for rotation.
2. Hospitals or other health care institutions could refuse to allow me access for a clinical experience.
3. The above two issues could make it impossible for me to complete the clinical portion of my education and therefore not graduate.
4. Upon graduation, a state licensing agency could refuse to grant me a license.
5. As a licensed professional, certain health care institutions could refuse to grant me privileges.
6. There could be other, unforeseen, impacts of this incident on my ability to practice as a professional.

Student signature: \_\_\_\_\_

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

**Arkansas State University**  
**College of Nursing & Health Professions**  
**Immunization Requirements**

I understand that immunizations, including proof of flu and COVID-19 vaccinations, may occur as part of my professional education at A-State. While the faculty cannot realistically determine whether lack of vaccination will have any future impact on my ability to work in my profession, I do understand that the following issues could arise during my time as a student in the program:

1. Certain rotation sites could deny me access for rotation.
2. Hospitals or other health care institutions could refuse to allow me access for a clinical experience.
3. The above two issues could make it impossible for me to complete the clinical portion of my education and therefore not graduate.
4. As a licensed professional, certain health care institutions could refuse to grant me privileges.
5. There could be other, unforeseen, impacts of this incident on my ability to practice as a professional.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Statement of Purpose**

A statement of purpose is a short essay that communicates to the admissions committee your preparedness for the Bachelor of Science in Radiologic Sciences program at Arkansas State University – Jonesboro. The statement should be one page, single spaced and include the following information (at a minimum):

1. Overarching statement of goal(s)
2. Why you are pursuing this goal
3. Your academic and/or personal background
4. Why the program at Arkansas State University
5. Other future academic interests

**ARKANSAS STATE UNIVERSITY**  
**COLLEGE OF NURSING AND HEALTH PROFESSIONS**  
**Radiologic Sciences Program Shadowing Form - Confidential**

Name \_\_\_\_\_

A-State Student ID Number \_\_\_\_\_

This student completed a shadowing experience in the Medical Imaging Department at

\_\_\_\_\_ on \_\_\_\_\_.  
(Facility Name) (Date)

Please provide a rating (with poor = 0 and excellent = 5) based on your perception of this student's success in the field of medical imaging and radiation sciences. The rating should encompass interpersonal skills, dependability (i.e. was the student on time and in the correct location), as well as engagement and interest during the shadowing experience.

**0    1    2    3    4    5**

Why did you provide the above score? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fax Shadowing Form to (870) 972-3485 or email to [mirs@astate.edu](mailto:mirs@astate.edu).

\_\_\_\_\_  
Technologist Signature/Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number