



**MAGNETIC RESONANCE IMAGING PROGRAM\***

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**APPLICATION FOR ADMISSION**  
*(for RT (R) or registry eligible technologists)*

**Deadline for Applications:**

Application material must be received by April 1<sup>st</sup> for admittance into the program. Applications are reviewed after the application deadline and are *not* reviewed on a first-come, first-served basis. Please email completed applications to: [cdubose@astate.edu](mailto:cdubose@astate.edu).

\*Entry into an MRI suite is required for this program. Submission of this application implies the applicant has no known contraindications to MRI.

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

E-mail: \_\_\_\_\_

Phone Numbers: ( ) \_\_\_\_\_ home ( ) \_\_\_\_\_ cell

Present Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Permanent Address: \_\_\_\_\_  
(If different) \_\_\_\_\_  
City State Zip

List your work experiences in health care institutions:

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

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If your name, address or phone number changes during the application process, please notify the Medical Imaging & Radiation Sciences Department of these changes. (870) 972-3073

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Students applying to the Magnetic Resonance Imaging program must also apply for admission to Arkansas State University. Please see the A-State website for admission information at <http://admissions.astate.edu/> or contact the Office of Admissions and Records, P. O. Box 1630, State University (Jonesboro), AR 72467. Phone: (870) 972-3024.

**APPLICATION PACKET**

Only completed packets will be accepted and must be returned to the Program Director. With this form, applicants are required to submit the following documents:

1. College/Hospital Transcript(s) of all work attempted
2. Modality/clinic evaluation form
3. MRI application form
4. Essay describing yourself and why you want to enter the MRI program

Students accepted into the MRI program will be expected to travel to assigned clinical affiliates and will be responsible for transportation and all expenses related to travel. Students are not paid for clinical hours.

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 credentials specified by the set date.

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Date

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Signature

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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. La facultad de idiomas extranjeros de ASU administra la prueba de habilidad en español. Por favor, póngase en contacto con el programa de Ciencia Radiológica para arreglar una cita para tomar el examen.

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**Acceptance is provisional until completion of a criminal background check (as specified by the College of Nursing and Health Professions).**

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