

Application Fee (\$35) Pay at the Cashier's Office Account 11-01-187602-41003

Receipt # ____

Date _____ Cashier's Initials

A.S. RADIOGRAPHIC SCIENCE PROGRAM APPLICATION

Applying for:

• Fall Semester Admission (Year) March 1 – March 21, 2025 Application Window

Incomplete applications will be returned

PERSONAL INFORMATION

Last Name	First Name		Middle Name		Prior Name
Permanent Address (Street, Apt #)			City, State, Zip		
Local Mailing Address (if different from above)			City, State, Zip		
Primary Phone	Secondary Pl	none	LCSC Studer	C Student I.D. Number	
WarriorMail E-mail address					
Person to contact in case of emergency Telephone		Telephone	Relationship		

EDUCATIONAL RECORD

Beginning with the most recent, list all colleges and universities attended, regardless of length of attendance. Include any educational institutions you are currently attending.

College or University	Location: City and State	Dates of A	Attendance	Degree or Certificate	
College of Oniversity		FROM: Mo./Yr.	TO: Mo./Yr.	Earned	

Bachelor's degree or higher held? YES NO College/Univ. awarding

Are you an Idaho resident? YES NO

PRE-REQUISITE COURSES COMPLETED OR IN PROGRESS

Course	Institution (attach unofficial transcripts for each school other than LCSC)	Prefix & Course #	Credit Hours	Name of Course (Can leave name and prefix blank if taken at LCSC)	Semester/ Year Taken	# Times Class was Taken	Grade (Write "IP" if still in progress)
ENGL 101 Writing & Rhet I							
ENGL 102 Writing & Rhet II							
CHEM 105 Organic/Biochem							
MATH Core							
BIOL 227 A/P I or Anatomy							
BIOL 228 A/P II or Physiology							

ENTRANCE TESTING -- Health Professions HESI Admission Assessment (A²)

YES

HESI A² HP test completed at LCSC?

Location of testing center if not taken at LCSC:

NON-NATIVE ENGLISH LANGUAGE APPLICANTS

Do you speak fluent English? YES NO

Proficiency in English is required for both patient safety and student success. International students must meet LC State English language proficiency requirements for college acceptance.

Date of exam/Planned completion date:

PLEASE ATTACH EXAM RESULTS SCORE

Applicant Signature

Date

Advisors Checklist:

_____Evaluate Transfer Summary for acceptable transfer of core courses and required science courses

_____Have student attach unofficial transcripts from transfer schools (if applicable)

_____Verify all information is correct, completed and legible on the application form

Complete Course Substitution form(s) if needed for Elect-999 courses

_____Ensure all needed documents are attached

LCSC Adviso	r Name &	Signature
-------------	----------	-----------

Date