

The University of Wisconsin-La Crosse
College of Science & Health
Radiation Therapy Program

APPLICATION FOR ADMISSION TO THE RADIATION THERAPY PROGRAM

Name _____
Last First Middle

Radiation Therapy Club: Attendee
Member
Non-Participant

Address _____

Year in school: Sophomore
Junior
Senior

City _____ State _____ Zip _____

Current State of Legal Residence _____

Phone: Daytime _____
Evening _____

Email Address _____

Permanent Mailing Address (if different from above)

The items in this section are for data collection purposes and completion is voluntary:

Address _____

Date of Birth: _____ Gender: _____

City _____ State _____ Zip _____

Ethnic/Racial Heritage: _____

ACADEMIC HISTORY

ACADEMIC SUMMARY: In the table below list in chronological order ALL , colleges, universities, and technical schools attended.

| Name of Institution | Location (City, State) | Attendance Dates | | Degree & Date | Major(s) | Cum. GPA | Credits Earned |
|---------------------|------------------------|------------------|-------------|---------------|----------|----------|----------------|
| | | From: Mo./Yr. | To: Mo./Yr. | | | | |
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RT Department Web Site: <http://www.uwlax.edu/rt>

Applicant Name:

PRE-REQUISITE COURSE WORK COMPLETED

| Required Courses | Semester Taken | Grade Received | Credit Hours | Indicate UWL or Other Institution |
|---|-----------------------|-----------------------|---------------------|--|
| BIO 105 (Gen Bio) | | | | |
| BIO 312 (A&P I) | | | | |
| BIO 313 (A&P II) | | | | |
| CHM 103 (Gen Chem. I) | | | | |
| CHM 104 (Gen Chem. II) | | | | |
| MTH 151 (Pre-calculus) | | | | |
| MTH 145 (Statistics) | | | | |
| PHY 125 or 103/104 (Physics) | | | | |
| PSY 100 or SOC 110/120 (Psychology or Sociology) | | | | |
| ECO 110 or 120 (Economics) | | | | |
| CS 101 (Computing) | | | | |

COURSES IN PROGRESS

| Abbreviated Course Title and Department | Credit Hours | Indicate UWL Or Other Institution |
|--|---------------------|--|
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Applicant Name:

EMPLOYMENT HISTORY

List and describe any jobs that pertain to health care below:

| | Description and/or institution | Dates: |
|---|----------------------------------|-------------------------|
| Non-Degree Health Care related training (i.e. CNA or EMT) | 1. _____ 2. _____ 3. _____ | _____ _____ _____ |
| Health Care related certification or licenses | 1. _____ 2. _____ 3. _____ | _____ _____ _____ |
| Health Care related Work Experience | 1. _____ 2. _____ 3. _____ | _____ _____ _____ |
| Health Care related Volunteering | 1. _____ 2. _____ 3. _____ | _____ _____ _____ |

OBSERVATION HOURS

Clinical Observation Evaluation Forms need to be filled out to accompany your application. (Forms to be used are included in this packet or on-line. If the clinical supervisor does not complete the UW-L forms, your application will be denied). Clinical Evaluation Forms may be returned to the applicant in a sealed envelope with signature of evaluator over the seal or forms may be sent directly to the Department of Radiation Therapy at the University of Wisconsin-La Crosse, 1725 State Street, Room 4034 Health Science Center, La Crosse, WI 54601.

| Name of Medical Facility | Name of Evaluator | Total Hours |
|--------------------------|-------------------|-------------|
| | | |
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| | | |
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| | | |

Applicant Name:

PERSONAL REFERENCES

List 3 persons that are submitting reference forms on your behalf. These reference forms must be filled out and a letter may accompany the form, but not required. Select references who are different than the people submitting clinical evaluations. Two references should be from faculty or staff at the university level, the other may be an employer or someone who knows you through volunteering or high school. References from family members or friends are discouraged. Reference forms may be returned to the applicant in a sealed envelope with signature over the seal or may be sent directly to the Radiation Therapy Program at the University of Wisconsin-La Crosse, 1725 State Street, Room 4033 Health Science Center, La Crosse, WI 54601.

| Name | Address | Relationship to Applicant |
|------|---------|---------------------------|
| 1. | | |
| 2. | | |
| 3. | | |

EXTRACURRICULAR COLLEGE ACTIVITIES (clubs, offices held, etc.)

COLLEGE HONORS AND SCHOLARSHIPS AWARDED

Please submit Radiation Therapy Application electronically by January 19th:

Please submit written statement and fee by January 19th to:

**Financial Services
University of Wisconsin-La Crosse
1725 State Street
Room 125 Graff Main Hall
La Crosse, WI 54601**

- Written Statement regarding why you wish to pursue radiation therapy
- Non-refundable \$30 application fee payable to the University of Wisconsin-La Crosse

Please submit observation, transcripts and references by January 19th to:

**Radiation Therapy Program
University of Wisconsin-La Crosse
1725 State Street
Room 4033 Health Science Center
La Crosse, WI 54601**

- Clinical Observation Report Forms
- Clinical Observation Evaluation Form (directly from evaluator to academic program)
- 3 Reference Forms (directly from references)
- An original transcript of college work for non-UWL Students only & UWL Students need a SNAP report only