



Radiation & Imaging Sciences Application

I AM APPLYING TO THE FOLLOWING PROGRAMS:

- Radiologic Technology www.bellevuecollege.edu/RATEC
- Radiation Therapy Technology www.bellevuecollege.edu/RADON
- Diagnostic Ultrasound www.bellevuecollege.edu/ultrasound
- Nuclear Medicine Technology www.bellevuecollege.edu/NUCMED
- Puget Sound
- SE Washington

PLEASE TYPE OR PRINT LEGIBLY

Name _____ Applied Last Year? Yes No

Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Email _____ BCC Student ID# (if available): _____

Please indicate all current and future courses that you wish to include towards prerequisites:

College (Winter Quarter) _____	College (Spring Quarter) _____
Course No. _____	Course No. _____
Course No. _____	Course No. _____
Course No. _____	Course No. _____

PERSONAL STATEMENT: A personal statement of not more than 500 words discussing your work experience; your personal and professional goals; any specific or unique attributes that you will bring to the program; any personal or imposed challenges or hardships you have overcome in pursuing your educational or work goals; or any other special considerations that you believe will make you a good candidate for the program.

A SEALED TRANSCRIPT FROM EACH COLLEGE YOU HAVE ATTENDED MUST BE ATTACHED TO THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. INCLUDE \$40 FEE WITH APPLICATION.

APPLICATION MATERIAL SHOULD BE MAILED/DELIVERED TO:

RADIATION & IMAGING SCIENCES, A251
BELLEVUE COLLEGE
3000 LANDERHOLM CIRCLE SE
BELLEVUE WASHINGTON 98007-6484

Interviews: All applicants will be notified regarding their status.

Specific program requirements: I have read and understand the program brochure/website and guidelines on selection procedures for **each** program I have applied for.

Student Signature _____ Date: _____