



RADIOLOGIC AND IMAGING SCIENCES PROGRAM
Application for Admission to the Radiologic and Imaging Sciences Program

To apply, a student must have completed all the general education, basic skills, themes and RIS prerequisite courses or be currently enrolled in these courses as listed in the enclosed sheet. If not completed or currently enrolled, please include a plan of how these classes will be completed prior to your entry in the program.

PLEASE TYPE OR PRINT LEGIBLY

Name: _____ Student ID (SS#): _____
First M. Initial Last

Email Address: _____ Birthdate: _____

Local Address: _____
Street City, State Zip

Permanent Address: _____
Street City, State Zip

Local Phone: _____ Permanent Phone: _____
Cell, home or work (please circle) Cell, home or work (please circle)

EMERGENCY CONTACT: _____ Relationship: _____

Emergency Contact Address: _____
Street City, State Zip

Emergency Contact Phone: _____
Work Home Cell

Current GPA: _____ Anticipated Graduation Date: _____

INDICATE DISCIPLINE APPLYING FOR:

- _____ Radiation Therapy
- _____ Diagnostic Medical Sonography - Echocardiography
- _____ Diagnostic Medical Sonography – General (Abdominal & OB-GYN)

Please attach to your application the following:

- 1) Resume
- 2) One to two page statement of professional goals
- 3) Two completed letters of recommendations on university forms
- 4) Official copies of all transcripts

Students who meet the admission requirements will be contacted for an interview and on-site writing sample in March or April.

All application materials are due by March 1
 Submit your application materials directly to:
 College of Health Professions - Student Service Center
 301 Michigan NE Suite #200
 Grand Rapids, MI 49503-3314
 (616) 331-3356 • fax (616) 331-5999

RADIOLOGIC AND IMAGING SCIENCES RECOMMENDATION FORM

We are considering _____ for a position as a Radiologic and Imaging Sciences student at Grand Valley State University and would appreciate your comments concerning this student's qualifications.

In view of the highly technical and professional field for which this student is being considered, it is imperative that we know something more of his/her qualifications than a transcript reveals. Thus, we rely heavily on your honest evaluation of this candidate, and truly appreciate your efforts in this regard.

1. I have known the applicant for _____ months/years as: a) an undergraduate student, b) an advisee, c) a teaching assistant, d) an employee, e) other (please specify)
2. My interaction with the applicant was as: a) an instructor in one class, b) an instructor in several classes, c) a curriculum (or major) advisor, d) a teaching supervisor e) an employer f) other (please specify)
3. Please check where appropriate.

CHARACTERISTIC EVALUATED		Excellent	Above Average	Average	Below Average	Unable to Assess
Work Habits:	a) Neatness					
	b) Cooperation					
	c) Integrity					
Communication Skills:	a) Oral					
	b) Written					
Motivation:	a) Attitude					
	b) Initiative					
	c) Punctuality					
Ability:	a) Learning					
	b) Comprehension & Correlation					
	c) Imagination/Originality					
Quality of Work:	a) Organization					
	b) Accuracy					
	c) Technical Competency					
	a) Judgment					
	b) Performance Under Stress					
	c) Responsibility					

4. Would you please comment on the student's abilities and aptitude toward a career in Radiologic and Imaging Sciences (radiation therapy or sonography).

5. What is your overall recommendation for this applicant?

- a) I highly recommend this applicant.
- b) I recommend this applicant.
- c) I recommend this applicant, however, with some reservations.
- d) I do not recommend this applicant.

Name (please print): _____

Signature: _____ Date: _____

Position: _____

Upon completion of this form, please return to:

College of Health Professions - RIS
Grand Valley State University
301 Michigan St. NE - Suite 200
Grand Rapids, MI 49503-3314
(616) 331-3356 • fax (616) 331-5999 •



Bachelor of Science Radiologic and Imaging Sciences

Core Courses

MAJORS



Radiation Therapy

Minor Optional

Diagnostic Medical
Sonography
General
(Abd & Ob-Gyn)

2nd DMS
Emphasis
Optional

Vascular Sono

Diagnostic Medical
Sonography
Echocardiography

2nd DMS
Emphasis
Required

Pediatric Echo

Radiologic and
Imaging
Sciences

2 Minors
Required

MANAGEMENT & ED MINORS

- Quality Management
- Clinical Instruction
- Clinical Supervision

CLINICAL MINORS

- Computed Tomography
- Magnetic Resonance Imaging
- Mammography/Bone Densitometry
- Advanced Radiographic Sciences
- Cardiac Interventional
- Vascular Interventional