



**CASPER COLLEGE
RADIOGRAPHY PROGRAM
APPLICATION FOR ADMISSION**
PLEASE TYPE OR PRINT

1. Name _____
(Last) (First) (Middle)

2. Name _____
(Different from above that may appear on your records)

3. Home Phone _____ Work Phone _____

4. E-mail Address _____

5. Present Mailing Address _____
Street City State Zip

6. Permanent Address _____
Street City State Zip

7. High School _____
(City) (State)
Year Graduated _____

8. College and/or other post high school education attended: It is your responsibility to be sure that admissions office has your transcripts from other colleges/universities.

9. Have you applied to Casper College Yes ___ No ___
(A completed Casper College application must be on file in the Admissions Office)

10. In which courses are you now enrolled? _____

Where? _____

11. Please circle your preferred clinical site: **Casper Gillette Lander Sheridan Riverton
Douglas Rawlins**

MAIL THIS APPLICATION TO: Laurie Weaver
Casper College
125 College Drive
Casper, Wyoming 82601

Date _____ Signature _____ Year applying for Admission _____

- A) You must complete the pre-requisite courses and have a cumulative college GPA ≥ 2.3 to apply to the program (See Checklist provided in this packet)**
- B) Deadline for application and transcripts submission is February 15th**
- C) Notification of interview can be anticipated in March or April.**