



## Professional Component

<u>Course #</u>	<u>Course Title</u>	<u>Credits</u>
	Orientation to clinical education	0
R 100	Orientation to Rad Tech	3
R 101	Radiographic Procedures I	4
R 102	Principles of Radiography I	3
R 181	Clinical Experience I	4
R 201	Radiographic Procedures II	3
R 202	Principles of Radiography II	3
R 208	Topics in Radiography	2
R 182	Clinical Experience II	4
R 281	Clinical Experience III	5
R 282	Clinical Experience IV	5
R 205	Radiographic Procedures III	3
R 222	Principles of Radiography III	3
R 250	Physics applied to Radiography	3
R 260	Radiation Biology and Protection	3
R 200	Pathology	2
R 283	Clinical Experience V	5
R 208	Topics in Radiography	2
R 290	Comprehensive Experience	<u>5</u>
	Professional component Total Credits	<b>61</b>

---

### PORTFOLIO

Radiologic Technology students are required to prepare a portfolio during their academic experience as a method of outcomes for their future education and career. These portfolios are mandated prior to successful completion/graduation from the program. Information will be made available to student through the Program Advisor.

# **Radiography Program Indiana University Kokomo**

## **Hospital Visitation Verification**

Student \_\_\_\_\_

Visitation Site #1 \_\_\_\_\_

Visitation Date #1 \_\_\_\_\_

Arrival Time \_\_\_\_\_

Departure Time \_\_\_\_\_

Technologist Signature \_\_\_\_\_

Date \_\_\_\_\_

Indiana University Kokomo



2300 S. Washington St.  
Kokomo, IN 46904-9003  
765-455-9331

# **Radiography Program Indiana University Kokomo**

## **Hospital Visitation Verification**

Student \_\_\_\_\_

Visitation Site # 2 \_\_\_\_\_

Visitation Date # 2 \_\_\_\_\_

Arrival Time \_\_\_\_\_

Departure Time \_\_\_\_\_

Technologist Signature \_\_\_\_\_

Date \_\_\_\_\_

Indiana University Kokomo



2300 S. Washington St.  
Kokomo, IN 46904-9003  
765-455-9331

# **Radiography Program Indiana University Kokomo**

## **Application for admission**

Application MUST be submitted by **December 1 of the year prior to** anticipated entry in the Radiography Program.

NAME

\_\_\_\_\_

(Last) (First) (Middle)

Address

\_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Phone Work \_\_\_\_\_ Home \_\_\_\_\_

Student ID # \_\_\_\_\_

High School Attended \_\_\_\_\_

University or College Attended \_\_\_\_\_

Are you or have you ever been at student at Indiana University Kokomo? Yes \_\_\_\_ No \_\_\_\_

Please List any degrees you have earned and institutions where you received the degree

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Last employer

\_\_\_\_\_

Do you have work experience in the healthcare field? Yes \_\_\_\_ No \_\_\_\_

If yes, where:

Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_ If yes please explain.

---

---

To the best of my knowledge, the above information is both accurate and complete.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Admission Criteria: students must pass all of prerequisite course with a "C" or better. They must have an overall GPA of 2.5 and Math and Science GPA of 2.5. Complete this application and clinical visit form. Have a personal interview with program admission committee

Indiana University Kokomo admits qualified students under policies of equal educational opportunities and provides its services without regard to sex, age, race, religion, ethnic origin, veteran status, or disability or other legally protected status according to the EEOC.

Mail applications to: **Indiana University Kokomo**  
**AHLT - Radiography**  
**2300 S. Washington St.**  
**PO Box 9003**  
**Kokomo, IN 46904-9003**

**INDIANA UNIVERSITY KOKOMO  
RADIOLOGIC TECHNOLOGY DEGREE PROGRAM  
SPECIAL ADMISSION POLICIES FORM**

**Programs Beginning in Summer Session II or Fall 2004**

**INSTRUCTIONS:** Complete the personal information section on the form. Place a ✓ in the box to the left of the policy(ies) program admission committees are to review when evaluating your application materials. If applying to more than one program, **a separate form must be submitted with each application.** The complete text of these policies are located in the Allied Health section of the IUPUI Bulletin which can be found on the web at <http://bulletin.iupui.edu/> . Follow links to Allied Health Admission Policies page.

**Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Program of Interest:**

- 1. **ACADEMIC BANKRUPTCY** - A written request for academic bankruptcy should include applicant name, social security number, term(s) to be included in the bankruptcy period, institution(s) attended, and compelling non-academic reason(s) for request.
  
- 2. **FRESH START** - To use this policy, please indicate the term, year, and institution that you wish to designate as the **ENDING DATE** of the academic forgiveness period. Only courses taken after this term will be considered when calculating the applicant's admissions grade point averages and verifying prerequisite course completion.

<u>Term</u>	<u>Year</u>	<u>Institution</u>
<i>Fall</i>	_____	
<i>Spring</i>	_____	
<i>Summer I</i>	_____	
<i>Summer II</i>	_____	

3. **GRADE REPLACEMENT** - For **any** course being considered under the Grade Replacement policy, please complete the information requested in the table below. Please include any courses that have already been FX'd by Indiana University. Credits FX'd by Indiana University **do** count toward the maximum number of credit hours (15) allowed under this policy.

# of Attempts		Course Number & Title	Institution Attended	Term & Year Completed	# of Credit Hours	Grade Received
A	1 <sup>st</sup> Attempt					
	2 <sup>nd</sup> Attempt					
B	1 <sup>st</sup> Attempt					
	2 <sup>nd</sup> Attempt					
C	1 <sup>st</sup> Attempt					
	2 <sup>nd</sup> Attempt					
D	1 <sup>st</sup> Attempt					
	2 <sup>nd</sup> Attempt					
E	1 <sup>st</sup> Attempt					
	2 <sup>nd</sup> Attempt					

**PLEASE DISCARD THIS FORM IF NOT REQUESTING THE USE OF ANY OF THESE POLICIES.**