

ALLIED HEALTH PROGRAM APPLICATION

Magnetic Resonance Imaging Technology

Certificate Program

	MR	II-On-campus (hybrid) w/c	elinic	MRI-On-campus (hybrid) w
	MR	I-Online w/Clinic		MRI-Online w/o Clinic
Date:		Semester applying t	for	Year: 20
tudent	ID:	SS#:		_ DOB:
ormer	Imaging Prog	gram		GPA
ame:	Last	First		Middle/Other
ddress	Street and	Apt. #		E-mail Address
	City		State	Zip code
hone:	Home	Business		Cell/Other
			Student S	Signature Date
	O# included on al	Il documentation as instructed.	I also und	submit all information required with erstand that my file is considered inceived by the Program Director.
nd will n	so understand tha	at if I choose to participate in t		portion that the Background Check a

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