



**PORTLAND COMMUNITY COLLEGE**  
**RADIOGRAPHY PROGRAM**

Name: \_\_\_\_\_  
PCC ID: G \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**One Page Essay:**

Submit a one-page, single spaced, typed essay describing your reasons for applying to the Radiography Program. Please include name and SSN or Student ID in the upper right corner. Applicants are encouraged to research the profession and gain experience to assist in formulating a response to this essay. Check the program website for suggestions: [www.pcc.edu/rad](http://www.pcc.edu/rad)

**Prerequisite Course Completion Record:**

For PCC prerequisite course substitution, the college course description used the year the course was completed must be submitted with the application materials for approval.

**Please check this box if you wish for your points to be calculated after winter term grades:**

At PCC:  At another college, for which I will provide transcripts by 4/6/09:

|                                     | Course # | Completed?     | *If no, indicate term to be completed, i.e. winter or spring & submit materials to verify your enrolment in these courses. |                   |
|-------------------------------------|----------|----------------|--|-------------------|
| English Composition                 | _____    | yes no *       | _____  | Institution _____ |
| Medical Terminology                 | _____    | yes no *       | _____  | Institution _____ |
| Verified Computer Literacy          | _____    | or Letter no * | _____  | Institution _____ |
| <b>College Algebra</b>              | _____    | yes no *       | _____  | Institution _____ |
| <b>Anatomy &amp; Physiology I</b>   | _____    | yes no *       | _____  | Institution _____ |
| <b>Anatomy &amp; Physiology II</b>  | _____    | yes no *       | _____  | Institution _____ |
| <b>Anatomy &amp; Physiology III</b> | _____    | yes no *       | _____  | Institution _____ |

List all hospitals at which you have been or are currently employed, volunteering or affiliated: (Include city & state.)  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the information I have provided is accurate. If it is found otherwise, I understand my application will be invalid. Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR ADMISSIONS OFFICE USE ONLY- DO NOT WRITE IN THIS AREA**

**Overall College GPA** (GPA x credits = subtotal. Add credits and divide by total of subtotal.) (20 max.) \_\_\_\_\_

|                  |                  |                                   |
|------------------|------------------|-----------------------------------|
| 4.00 – 3.80 = 20 | 2.99 – 2.80 = 10 | _____ x _____ = _____             |
| 3.79 – 3.60 = 18 | 2.79 – 2.60 = 8  | _____ x _____ = _____             |
| 3.59 – 3.40 = 16 | 2.59 – 2.40 = 6  | _____ x _____ = _____             |
| 3.39 – 3.20 = 14 | 2.39 – 2.20 = 4  | _____ x _____ = _____             |
| 3.19 – 3.00 = 12 | 2.19 – 2.00 = 2  | _____ / _____ = _____ Average GPA |

**Prerequisite GPA** A = 10pts B = 6pts C = 2pts (40 max.) \_\_\_\_\_

|       | Year  | Year          |
|-------|-------|---------------|
| Math  | _____ | A&P II _____  |
| A&P I | _____ | A&P III _____ |

**Re-application Points** (5 max.) \_\_\_\_\_

Re-application points will only be awarded to students who applied in 2008 and were a part of the top 80 applicants

**Preliminary Points (65 max)**

**PRELIMINARY APPLICANT RANKING:** \_\_\_\_\_ /65

**Hospital Interviews** (Only the top 80 applicants complete the interviews)

- Hospital: \_\_\_\_\_ Score: \_\_\_\_\_
- Hospital: \_\_\_\_\_ Score: \_\_\_\_\_ (30 max.) \_\_\_\_\_

**TOTAL POINTS (95 max)**

**FINAL RANKING:** \_\_\_\_\_ /95