Brightpoint COMMUNITY COLLEGE

Radiologic Technology Program
Application Checklist

Name [   ] **Student ID#** [   ]

Residence [   ] **Advisor** [   ]

Instructions

Sign form attesting that all information is accurate, completed, and admission requirements have been met. Student must upload this form during the application process.

ADVISOR		STUDENT		
YES	N/A	YES	N/A	
☐	☐	☐	☐	**General Requirements** — At least 18 years of age by the first day of classes
☐	☐	☐	☐	A current Brightpoint Community College Student
☐	☐	☐	☐	**On file in Admission and Records Office** — All official college transcripts (transcripts not needed from other colleges within the VCCS)
☐	☐	☐	☐	All AP / CLEP / DANTES / IB records
☐	☐	☐	☐	**Transfer Credit Request Form** — Submitted for courses that need to be considered for transfer from another institution
☐	☐	☐	☐	**Pre-Admission General Education (GE) Courses** — All courses are completed or in progress to be completed by the end of the spring semester
☐	☐	☐	☐	All courses have a combined GPA of at least 2.5
☐	☐	☐	☐	**Post-Admission General Education (GE) Courses** *(Not required to submit application but highly encouraged to have completed.)* PSY 200 or PSY 230
☐	☐	☐	☐	PHI 220 or PHI 227

	Course		Completion Date (Semester/Year)	Grade	Non- VCCS Course #	College/University
Pre-Admission GE Courses	SDV 100					
	ENG 111					
	MTH 154					
	BIO 141					
	BIO 142					
Post-Admission GE Courses	PSY 200	OR				
	PSY 230					
	PHI 220	OR				
	PHI 270					

Student Signature [   ] **Date** [   ]

Advisor Signature [   ] **Date** [   ]