



Dear Prospective Radiologic Sciences Student:

Thank you for your interest in Radiologic Sciences at Southern Illinois University Carbondale.

Because of a variety of circumstances, limitations of facilities, and faculty-student ratio, we are limited to a specific number of students. These students are chosen, by a process of selection, for admission to the program. In order to give each applicant a thorough and fair evaluation, an application procedure must be completed. To be considered for admission, you must complete and submit all requested application materials for evaluation. **It is very important that you follow the procedures accurately and that your file is completed as soon as possible.** Only completed files will be considered. Review of completed applications will begin in mid-January. Admission to the program will close when all positions are filled.

Prior to participating in internships, students may have to undergo a “**Clinic Site Required**” criminal background check and drug screening.

If you are accepted, you must make an appointment with one of our advisors for registration.

If you have any questions concerning the program, or the admission process, please feel free to contact me.

Sincerely,

Kevin Scott Collins, M.S., R.T.(T), (CMD), RT(R)  
Program Director  
Radiation Therapy



**The following is a check list of those things that need to be completed.**

1. \_\_\_\_\_ Apply to Southern Illinois University Carbondale.
2. \_\_\_\_\_ Have an Official copy of your transcripts sent to SIUC.
3. \_\_\_\_\_ Contact Financial Aid office at (618) 453-4334.

**Once you have been accepted to SIUC**

4. \_\_\_\_\_ Apply to the Radiologic Sciences program.
5. \_\_\_\_\_ Send a copy (unofficial) of your transcripts with your RADIATION THERAPY Application.
6. \_\_\_\_\_ Make sure that all of your grades from all other colleges have been sent to SIUC.

**NOTE:** It is important that you follow the procedures accurately and that your file is complete as soon as possible. Only completed files will be considered. Review of completed applications will begin mid-January. A letter will be sent stating your acceptance or rejection to the program. If you have further questions, please feel free to contact Robert A. Broomfield, Academic Advisor. (618) 453-7287 email: broomr@siu.edu. You may check on the status of your file by contacting Donna Colwell, Admissions Clerk, at 618-453-8869.



**RADIOLOGIC SCIENCES  
BACHELOR OF SCIENCE DEGREE  
COLLEGE OF APPLIED SCIENCES AND ARTS**

**Recommended Radiologic Sciences Curriculum by Year  
RADIOLOGIC SCIENCES**

## Radiation Therapy

**RADIATION THERAPY Option**

**Year Four–Fall Semester**

RAD 360-2 Intro Radiation Oncology  
RAD 370-3 Tech & App of Radiation Therapy  
RAD 380-3 Physics of Radiation Therapy  
RAD 390-2 Oncologic Nursing  
RAD 400-3 Radiation Dosimetry

**Year Four–Spring Semester**

RAD 410-10 Clinical Internship I  
RAD 420-2 Special Problems

**Year Four–Summer Semester**

RAD 430-4 Radiation Therapy Internship II  
RAD 440-2 Seminar in Radiation Therapy

# RADIATION THERAPY

# 2010

## APPLICATION PROCEDURES



**IMPORTANT NOTE:** Your current status at SIUC is Radiologic Sciences applicant. This is not a major but merely a pool from which you are eligible to apply for the major. ***If you are not selected for admission to Radiologic Sciences, you must request admission to another major for which you are eligible, go into pre-major, or have your admission to SIUC withdrawn.*** If you are not selected, you will be provided information on how to accomplish this change.

PROCEDURES	INSTRUCTIONS
Radiologic Sciences Application	You <b>must</b> complete and return the application enclosed in this packet. Return to: Donna Colwell, Admissions Clerk School of Allied Health Mail Code 6615 College of Applied Sciences and Arts Southern Illinois University Carbondale, IL 62901
High School Transcript and ACT Scores	If you will be entering SIUC with <b>less than 26 completed college semester hours</b> , you must have high school transcripts and ACT scores sent to Donna Colwell, Admissions Clerk.
Current College Class Schedule Fall Semester Grades	Send copies of your Fall and Spring schedules and Fall grades to Donna Colwell, Admissions Clerk no later than January 29, 2010.
Send a copy of the Most Recent transcripts to be put in your file. ( <i>It does not have to be a certified copy</i> )	To Donna Colwell, Admissions Clerk no later than January 29, 2010.

**NOTE:** It is important that you follow the procedures accurately and that your file is complete as soon as possible. Only completed files will be considered. Review of completed applications will begin mid-January. You may check on the status of your file by contacting Donna Colwell, Admissions Clerk, at 618-453-8869.

# RADIATION THERAPY

# 2010



Radiologic Sciences

Southern Illinois University Carbondale

---

Last Name	First	Middle	Dawg Tag or Student ID
-----------	-------	--------	------------------------

---

Present Address	Legal Address
-----------------	---------------

---

City	State	Zip	City	State	Zip
------	-------	-----	------	-------	-----

---

Current Telephone	Home Telephone	E-mail Address
-------------------	----------------	----------------

Communications should be sent to:     Present Address     Legal Address     E-mail Address

Please check

- I am currently a Radiologic Technologist at \_\_\_\_\_.
- I am currently a college student at \_\_\_\_\_.
- I completed (will complete) the Radiologic Technology program at \_\_\_\_\_.

College(s) Attended:

---

College Name	City/State	Dates Attended	Degree	Year Graduated
--------------	------------	----------------	--------	----------------

---

College Name	City/State	Dates Attended	Degree	Year Graduated
--------------	------------	----------------	--------	----------------

I hereby certify that the information I am submitting in this application is complete and correct to the best of my knowledge.

---

Signature of Applicant	Date
------------------------	------

**Prior to participating in internships, students must undergo a “Clinic Site Required” criminal background check and drug screening.**

**I have read the above statement and agree with the terms of Clinic Requirements.**

**Please Initial** \_\_\_\_\_

**Mail to:**        **Donna Colwell, Admissions Clerk**  
                         **School of Allied Health, MC 6615**  
                         **College of Applied Sciences and Arts**  
                         **Southern Illinois University**  
                         **Carbondale, IL 62901**  
                         **(618) 453-8869**