UNIVERSITY OF THE INCARNATE WORD
Ila Faye Miller School of Nursing and Health Professions
APPLICATION FOR ADMISSION TO NUCLEAR MEDICINE PROGRAM

Application is for Fall semester.

Name _____ Date of Birth _____ Male ☐ Female ☐
Last First MI

Student PIDM Number: _____ E-mail Address: _____

Current Address: _____
Street City State Zip

Phone Number (Home): _____ Work Number _____ Cell Number _____

Permanent Address (if different from above) _____
Street City State Zip

Phone Number _____

Have you applied to UIW? Yes ☐ No ☐ Have you received a letter of acceptance? Yes ☐ No ☐

Religious preference / denomination to which you belong: _____

Are you a US citizen? Yes ☐ No ☐ If no, country of citizenship: _____ Resident Alien: Yes ☐ No ☐

To comply with Title IV of the Civil Rights Act and Title 18 of the Educational Amendment of 1972

☐ White
☐ Black, Afro-American
☐ Asian
☐ Other (specify) _____
☐ Hispanic or Latino
☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander

STUDENTS APPLYING FOR ADMISSION INTO THE NUCLEAR MEDICINE PROGRAM MUST HAVE COMPLETED ALL PREREQUISITE WORK PRIOR TO ENROLLMENT:

HAVE YOU COMPLETED ALL OF CORE CURRICULUM Yes ☐ No ☐
HAVE YOU COMPLETED 8 HOURS BIOLOGY A&P (1 AND 2 WITH LABS) *C or better*: Yes ☐ No ☐
HAVE YOU COMPLETED 8 HOURS GENERAL PHYSICS (1 AND 2 WITH LABS) *C or better*: Yes ☐ No ☐
HAVE YOU COMPLETED 8 HOURS CHEMICAL PRINCIPLES (1 AND 2) WITH LABS *C or better*: Yes ☐ No ☐
HAVE YOU COMPLETED PRECALCULUS *C or better*: Yes ☐ No ☐
HAVE YOU COMPLETED STATISTICS *C or better*: Yes ☐ No ☐

Have you previously enrolled in a nuclear medicine program? Yes ☐ No ☐ If yes, attach a letter describing why you did not complete the program.

EDUCATION: List all colleges or universities and dates of attendance

COLLEGES OR UNIVERSITIES	DATES OF ATTENDANCE	DEGREE

List all courses in which you are currently enrolled and courses you plan to complete before enrollment

COURSE #	HOURS	COURSE NAME	PLANNED COMPLETION DATE	NAME OF INSTITUTION

If you require more space, please use plain white paper and attach.

Note: Applicant must insure that *current official transcripts of all* college work are submitted with this application. *No* application will be reviewed without current data.

I understand that a Criminal Background Check, CPR (Healthcare Provider course) and Hepatitis B immunization (3 dose series) must be completed BEFORE enrollment in patient care courses.

SIGNATURE OF APPLICANT _____ DATE _____

*Rev. **11/30/2022***