

Satisfaction of Admission Requirements Mammography (C45830)

- ☐ Application is for Fall _____ program entry. (Application deadline is May 15)
- ☐ Application is for Spring _____ program entry. (Application deadline is Sept 15)

Please Print Legibly

Name

ID#

Address

City

State

Zip

Phone

E-mail Address

All prospective students must complete the following:

- ☐ Complete the Wake Technical Community College application process at apply.waketech.edu
- ☐ Provide all official college transcripts
- ☐ Verify ARRT licensure. Choose one of the following and attach to checklist:
- ☐ Copy of current ARRT card
- OR** ☐ Letter verifying academic standing from department head for applicant who has not yet graduated
- ☐ Provide a copy of current CPR card and attach to check list

I certify that all information is accurate to the best of my knowledge.

Signature of Applicant

Date

*Please return to :
Wake Technical Community College
Health Sciences Advisor
2901 Holston Lane
Raleigh, NC 27610*