

**UNIVERSITY OF MICHIGAN-FLINT**  
**B.S. in Radiation Therapy Program**  
**Supplemental Application Check Sheet**

This application is due no later than **May 1** of year applying for admission into RTT Program

---

**Application Checklist for Radiation Therapy Program:**

- Completed Radiation Therapy Program's Supplemental Application.
- Program Director has received my three letters of recommendation. Letters should be sent to:  
Julie Hollenbeck, Director, UM-Flint, 3124 WSW Bldg., 303 E. Kearsley St, Flint MI 48502-1950
  1. Employer or former employer (if not currently employed)
  2. Character Reference-cannot be family
  3. Academic Reference (if not available get two Character references)
- I've completed my written response to the three questions listed on the Supplemental RT Application. Your responses should be typed-12 font and double spaced. Note that your responses are considered in the admission decision making so give them proper attention. Admission criteria consists of successfully completing prerequisite courses, thoughtful well-written replies to the questions on the application and an interview with the Admission Committee.
- I've completed a minimum of 16 hours of observation in a Radiation Therapy Department
- I will have completed **all** prerequisite classes prior to the summer of the year applying for admission to the program. Some exceptions may be allowed. If you are completing coursework in the summer semester it is your responsibility to discuss your plans the program director. Admission into the program, if granted, will be contingent upon successfully completing the prerequisite courses remaining.
- You are advised to make an appointment with a physician at the time you apply for admission to the program so that your physical can be completed and the physical form completely filled out prior to beginning RTT 351. You will not be allowed to begin the Fall semester if your physical form is not completed by the beginning of the Fall semester.

**Please note that an application to the University of Michigan-Flint should be submitted prior to submitting this Supplemental Application for Admission into the RTT Program.**

---

The University of Michigan is committed to a policy of nondiscrimination and equal opportunity for all persons regardless of race, sex, color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, disability, or Vietnam-era veteran status in employment, educational programs and activities, and admissions.

**UNIVERSITY OF MICHIGAN-FLINT**  
**B.S. in Radiation Therapy Program**  
**Supplemental Application for Admission**

(Please type or print)

1. Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ UM ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

UM-Flint unique name-first part of your UM-Flint e-mail address \_\_\_\_\_

2. Name \_\_\_\_\_  
Please list former names which may appear on transcripts being submitted.

3. Mailing Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

4. Telephone: List telephone numbers

Home \_\_\_\_\_  
(Area Code)

Work \_\_\_\_\_  
(Area Code)

E-mail addresses you read daily \_\_\_\_\_

5. How did you learn about Radiation Therapy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are you a registered Radiographer?  Yes  No

If yes, which type of Radiologic Technology Program did you attend?

2 Year Certificate  2 Year Degree  4 Year Degree

Registry Number \_\_\_\_\_

Program attended \_\_\_\_\_

Dates attended \_\_\_\_\_ through \_\_\_\_\_

7. Observation Experience:

Facility	Location	Dates of Observation	Total hours of Observation	Department Manager or Supervisor

8. Recommendations: Please list the names of your **three** references. Be sure they have sent in your reference letter. Check with the Program Director to learn if they have been received.

Name	Title/Relationship to you	Facility	Telephone
1. _____ (Employer)			
2. _____ (Character)			
3. _____ (Academic or Character)			

9. Have you ever been convicted of a crime (misdemeanor or felony)?  Yes  No

If yes, give details on a separate sheet.

**Note-the American Registry of Radiologic Technologists (ARRT) may not let students convicted of a crime take the ARRT certification examination. This means even if you successfully complete all program requirements and get a degree when you apply to the (ARRT) to take the certification exam you may be denied. This will prevent you from working as a Radiation Therapist. What to do if you have been convicted of a crime? Tell the program director. You will most likely be instructed to submit a pre-application for examination to the ARRT to learn if you would be eligible to take the examination. To review the pre-application and to learn more about the ARRT go to [www.arrt.org](http://www.arrt.org), look under Ethics (left side bar) then choose pre-application.**

10. Finally, provide typed (12 font, double spaced) responses to the following questions on a separate sheet.

- 1) Identify factors leading you to seek a career in radiation therapy.
- 2) Describe what you think the role of a radiation therapist is **and** why this career appeals to you.
- 3) Describe how you will contribute to the Radiation Therapy program while a student **and** how you will contribute to the profession as a therapist.

**To the best of my knowledge, all information that is provided on this form is true and accurate.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return the completed application to the Radiation Therapy Program Director, University of Michigan-Flint, 3124 WSW Bldg, 303 E. Kearsley St., Flint, MI 48502-1950.*