Nuclear Medicine & Molecular Imaging Program
Application for Admission

Please email completed application and transcripts to tjones2683@collin.edu
Application deadline is November 13th.

Demographic Information

Date:	Date	CWID:	CWID
Name (Last, First, Middle):	Last Name	First Name	Middle Name - Optional
Other Names Used:	Maiden Name	Other Name	
Collin Email:	Collin Email	Personal Email:	Personal Email
Mailing Address:	Street, City, State, Zip Code		
Phone Number:	Phone Number		

Education History

College(s) Attended:	Enter College Name(s)		
Degree(s) Earned:	Enter Degree(s)	Certificate(s) Earned:	Enter Certificate(s)
Have you applied to the Nuclear Medicine & Molecular Imaging program or any other program at Collin within the last 5 years?			Yes or No
Have you attended a Nuclear Medicine & Molecular Imaging Information Session? Please submit proof of attendance			Yes or No
Do you have documentation of *official* college honors? Please submit proof of attendance			Yes or No
If yes, which one?	Collin College program you applied to?		Accepted? Yes or No

Do you hold a healthcare certification?	Yes or No	If yes, list certification and expiration date: Enter Certification and Expiration Date
Have you completed CHEM 1405 Introductory Chemistry I (or equivalent)	Yes or No	If yes, list semester completed: Enter Semester and Year

Have you completed ENGL 1301 Composition I (or equivalent)	Yes or No	If yes, list course and semester completed: Enter Course, Semester, and Year
Have you completed PSYC 2301 General Psychology (or equivalent)	Yes or No	If yes, list course and semester completed: Enter Course, Semester, and Year
Have you completed Humanities /a Fine Arts course	Yes or No	If yes, list course and semester completed: Enter Course, Semester, and Year

Prerequisites Courses

Indicate "IP" for courses in progress. Only the 1st or 2nd attempt of each course will be considered.

BIOL 2401 Anatomy and Physiology I (within 5 years)	Enter Course, Semester, and Year
BIOL 2402 Anatomy and Physiology II	Enter Course, Semester, and Year
SCIT Physics for Allied Health (or equivalent)	Enter Course, Semester, and Year
MATH 1314 College Algebra (or equivalent)	Enter Course, Semester, and Year

Consents and Disclaimers

By signing below, I agree to the following conditions:

The information given in this application is factual. I understand that knowingly submitting false information is subject to a penalty of removal from consideration for the program or expulsion from the program. I further authorize the Nuclear Medicine & Molecular Imaging Program to obtain copies of my transcripts received by Collin College. I have read and agree to the terms in the Information Packet.

Electronic Signature: Legal name **Date**: Click or tap to enter a date.

Collin College does not discriminate on the basis of race, color, religion, age, sex, national origin, disability or veteran status.