

# ADMISSION APPLICATION

**MOREHEAD STATE UNIVERSITY**  
**Department of Kinesiology, Health, and Imaging Sciences**  
**Diagnostic Medical Sonography Program Application**  
(Please Print or Type Information Submitted)



1. When do you plan on entering the Diagnostic Medical Sonography Program? \_\_\_\_\_  
Semester/Year
2. Full Legal Name: \_\_\_\_\_  
Last First Middle  
Do you have educational records in a different name? No \_\_\_\_\_ Yes (list name) \_\_\_\_\_
3. Address: \_\_\_\_\_  
Street/Route County City State Zip
4. Social Security Number and MSU ID Number: \_\_\_\_\_ Birth date: \_\_\_\_\_
5. Phone Number: Cell (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Name, Address & Phone Number of person to contact in case of an emergency:  
Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name Address City/State
8. High School Name: \_\_\_\_\_  
Address City State Zip
9. Date of high school graduation: Month \_\_\_\_\_ Year \_\_\_\_\_
10. Are you now or have you previously attended college/university (including Morehead State University)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give name & address, years of attendance, and number of credit hours attempted:  
A. \_\_\_\_\_ Currently attending Yes \_\_\_\_\_ No \_\_\_\_\_  
B. \_\_\_\_\_ Currently attending Yes \_\_\_\_\_ No \_\_\_\_\_
11. Have you ever been convicted of a criminal offense other than a traffic violation? (Minor traffic offenses e.g. seat belt violations are exempt, but other charges resulting from traffic stops e.g. drug possession, DUI, etc. must be reported.)  
Yes \_\_\_\_\_ No \_\_\_\_\_

**I hereby affirm that all information supplied in the application is complete and accurate. I understand that withholding information or giving false information will make me ineligible for program admission.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Morehead State University  
Center of Health, Education, and Research  
Department of Kinesiology, Health, and Imaging Sciences  
316 West 2<sup>nd</sup> St., Morehead, KY 40351  
MSU is an affirmative action, equal opportunity, educational institution.

# ADMISSION APPLICATION

**MOREHEAD STATE UNIVERSITY**  
**Department of Kinesiology, Health, and Imaging Sciences**  
**Diagnostic Medical Sonography Program Application**  
(Please Print or Type Information Submitted)

(Application Checklist - this particular information is for your records.)

**Bachelor of Science Degree in Imaging Sciences**

**Diagnostic Medical Sonography Program**

Provide the following application materials directly to the Department of Imaging Sciences by the first **Monday in April**:

- \_\_\_\_\_ 1. Completed Diagnostic Medical Sonography Admission Application.
- \_\_\_\_\_ 2. Official transcripts documenting all courses required for admission.
- \_\_\_\_\_ 3. Copy of course description(s) if course equivalencies are not listed on the transfer credit webpage located at <http://www.moreheadstate.edu/registrar/index.aspx?id=3942>.
- \_\_\_\_\_ 4. Copy of mid-term grades (if applicable).
- \_\_\_\_\_ 5. Copy of the current American Registry of Radiologic Technologists' registration card.
- \_\_\_\_\_ 6. Copy of the current American Registry of Diagnostic Medical Sonographers' (ARDMS) registration card (if applicable).

**PLEASE NOTE** that the items listed above **MUST** be forwarded with your application even if previously sent to this or any department or office within the University.

**Submit all application materials to:**

Morehead State University  
Center of Health, Education, and Research  
Department of Kinesiology, Health, and Imaging Sciences  
316 West 2<sup>nd</sup> St., Morehead, KY 40351

ATT: Kellie Sheffield

MSU is an affirmative action, equal opportunity, educational institution.