

# ADMISSION APPLICATION

**MOREHEAD STATE UNIVERSITY**  
**Department of Kinesiology, Health, & Imaging Sciences**  
(Please Print or Type Information Submitted)



Have you applied to one of these programs in the past? Yes  No   
If so, what year? \_\_\_\_\_

## Leadership in Medical Imaging (LMI)-Online Program

(Please select credential(s))

\_\_\_\_\_ ARRT  
\_\_\_\_\_ ARDMS  
\_\_\_\_\_ NMTCB

- When do you plan on entering the above selected imaging sciences program? \_\_\_\_\_  
Semester/Year
- Full Legal Name: \_\_\_\_\_  
Last First Middle  
Do you have educational records in a different name? No \_\_\_\_\_ Yes (list name) \_\_\_\_\_
- Address: \_\_\_\_\_  
Street/Route County City State Zip
- Social Security Number **and** MSU ID Number: \_\_\_\_\_ Birth date: \_\_\_\_\_
- Phone Number: Local/Home :(\_\_\_\_\_) \_\_\_\_\_ Cell :(\_\_\_\_\_) \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Name, Address & Phone Number of person to contact in case of an emergency:  
Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Home/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name Address City/State
- High School Name: \_\_\_\_\_  
Address City State Zip
- Date of high school graduation: Month \_\_\_\_\_ Year \_\_\_\_\_
- 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 \_\_\_\_\_
- 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, & 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, & Imaging Sciences**  
(Please Print or Type Information Submitted)

*Provide the following application materials directly to the Department of Imaging Sciences.*

**Bachelor of Science Degree in Imaging Sciences: Leadership in Medical Imaging Program**

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

- \_\_\_\_\_ 1. Completed Leadership in Medical Imaging 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 the current ARRT, ARDMS, or NMTCB registration card.

**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, & Imaging  
Sciences ATT: Kellie Sheffield  
316 West 2<sup>nd</sup> St., Morehead, KY 40351