

INSTRUCTIONS FOR SUBMITTING SCREENING FORM Magnetic Resonance Imaging Program (21MR)

*Submitting a screening form declares your intent to be considered for the
Magnetic Resonance Imaging Program (21MR)*

Screening Form Submission

Complete this Screening form and submit it to the Office of Registration Services:

Email: mri-admissions@clcollinois.edu

Fax: (847) 543-3061

Mail: Office of Registration Services
19351 West Washington Street
Grayslake, IL 60030-1198

In Person: Welcome and One Stop Center, Grayslake Campus, B114

Screening Deadlines

Forms must be received by the end of business for:

Fall Admission: the **1st Wednesday** in **March** of Odd Years

Screening Form Verification

It is your responsibility to confirm that the Office of Registration Services has received your screening form and other documents. You may do so via:

Email: mri-admissions@clcollinois.edu

Phone: (847) 543-2061

In Person: Welcome and One Stop Center, Grayslake Campus, B114

Request for Screening Magnetic Resonance Imaging Program (21MR)

The Magnetic Resonance Imaging program is a limited enrollment program that requires a screening procedure to select the academically best qualified from those who request consideration. Preference will be given to residents of Community College District 532 and other institutions with Joint Agreements.

This form must be completed and submitted to the Office of Registration Services by the screening deadline of the semester for which you desire admission. Screening requirements need to be completed prior to the screening deadline.

Screening Deadline:

Fall Admission: the **1st Wednesday in March** of Odd Years

Name: _____ CLC Student ID#: _____
Former or Maiden Name: _____ Social Security #: _____
Address: _____ City: _____ State: _____ Postal: _____
Phone: _____ Admission Term: Fall Year: _____

Required Documentation

I have submitted the following to the Registration Services Office (check all that apply):

- Copy of current certification of imaging field
- Professional resume documenting years of experience in a related imaging field (must include employer, job responsibilities, and dates employed)

If you have coursework from another school that could be used to meet program requirements, you must submit a Transfer Credit Evaluation Request form. The form is available at www.clcillinois.edu/studentforms.

I have read and understand the information contained in this Screening Request form. I believe I am/will be ready for screening consideration for admission to the Magnetic Resonance Imaging Program by the deadline date for the term and year that I have indicated above (including that I will be at least 18 years of age by the start of the program). I understand that it is my responsibility to ensure that all of the above requirements are met prior to the screening deadline.

Student Signature

Date