



Marshfield Clinic Health System

School of Radiography Application Checklist

- ◆ At a minimum, hold a completed **Associate's Degree** upon admission or be enrolled in a degree program through an affiliated university.
- ◆ Complete a [Student Application Form](#). Submit Application Fee (\$25).
- ◆ Submit **Official ACT and/or SAT scores** directly from testing center or university.
- ◆ Submit **Official high school transcripts** verifying completion of an approved curriculum with diploma or GED equivalent.*High School diploma or equivalent with a **minimum cumulative GPA of 2.5***
** Transcripts must be issued directly from the school/program. Student issued copies are not acceptable.*
- ◆ Submit **Official transcripts of all post-secondary schools, colleges or training programs** attended.
College courses with a **minimum cumulative GPA of 2.5**
** Transcripts must be issued directly from the school/program. Student issued copies are not acceptable.*
- ◆ Submit three (3) completed [Applicant Reference Request Forms](#); one must be from a college professor/instructor.
 - ◆ Reference #1 (Name/Person) _____
 - ◆ Reference #2 (Name/Person) _____
 - ◆ Reference #3 (Name/Person) _____
- ◆ *Recommended (But Not Required). Complete a minimum of **twelve (12) hours observation** in a Radiology Department. Download and print [Observation Verification Form\(s\)](#) as needed.
 - ◆ Observation Place _____ Date _____ Hours _____
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- ◆ Pre-requisite college courses with a "C" or better.
 - ◆ **Anatomy and Physiology I**
 - ◆ **Anatomy and Physiology II**
 - ◆ **College Algebra (minimum)**
 - ◆ **Oral or Written Communication**
 - ◆ **One Additional Science (Physics or Chemistry Preferred)**
- ◆ Completion of CNA *Recommended (But Not Required)

