



**Education:**

High School	City/State/Zip Code	Graduation Date

**List all colleges/universities attended in any capacity:**

Name of Institution	City and State	From Month/Year	To Month/Year	Degree Received	Credit Hours

**List all courses you are presently taking:**

Name of Institution	Course Number and Title	Credits

**Employment:**

From/To	Employer Name, Address & Phone Number	Position/Title/Supervisor Name

Attach a one-page letter describing observations, goals, and reasons you are applying to the Nuclear Medicine, PET/CT, CT, or MRI program. **Note:** 20-40 observation hours are required as part of the application process.

**Important:** – Applications for Nuclear Medicine and PET/CT must include 3 completed reference forms. Applications for Computed Tomography or Magnetic Resonance Imaging must include three letters of recommendation.

All forms can be obtained at our office or downloaded from our Web site:

<http://hsc.unm.edu/som/radiology/RadSciences.shtml> .

I hereby affirm that all statements and answers made on this application are true and complete to the best of my knowledge.

Date \_\_\_\_\_

Signed \_\_\_\_\_

Send completed application and official transcripts to:

**Radiologic Sciences Program  
MSC 09 5260  
1 University of New Mexico  
Albuquerque, New Mexico 87131-0001**

To comply with the ADA and the Rehabilitation Act of 1973, UNM provides this publication in alternative formats. If you have special needs and require an auxiliary aid or service please contact Radiologic Sciences Program at 505-272-5254. This application is subject to change without notice.