

HAVE YOU EVER BEEN CONVICTED OF A CRIME: YES NO

IF YES, PLEASE EXPLAIN: _____

HOW DID YOU HEAR ABOUT THIS PROGRAM?

NEWSPAPER CAREER DAY H.S. COUNSELOR FRIEND OR RELATIVE

CURRENT H.C.C.C. STUDENT (H.C.C.C. STUDENT I.D. #: _____) OTHER: _____

All papers filed in support of this application become a permanent part of the Radiography Program. They are not returnable. I certify that the information given by me on this application is complete and accurate, and I understand that any misrepresentation may be cause for dismissal and / or refusing admission. Each application must be 18 years of age or older to qualify for admission to the School Program. I am aware that, if accepted to the Radiography Program, I will be required to agree to a criminal background and drug screening investigation. I further understand that commencement and continuation in the Radiography Program is contingent upon the satisfaction of the school's Radiography Program, in its sole and total discretion, with the results of the criminal background investigation.

Signature of Applicant: _____

Date: _____ / _____ / _____

The Admission and Education Policies of the Hudson County Community College-Radiography Program are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability and national origin.

Office Use Only

Application Received On:

Stamped with the date application is received in the department office.

Reference Form

Academic Professional Performance	POOR	FAIR	AVERAGE	ABOVE AVERAGE	NOT ABLE TO JUDGE
Competence in written work					
Skill in oral expression					
Creativity in research work, progress, etc.					
Motivation for school study					
Preparation for school work					
Ability to work independently					
Personality					
Ability to get along with others					
Honesty					
Judgment					
Assertiveness					
Mental Alertness					
Compassion for others					

Personal Impression/Remarks:

Recommender's Name: _____

Date: _____

Recommender's Position or Title

Recommender's School or Place of Business

ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

Signature: _____

Please return to: Hudson County Community College, Radiography Program, 870 Bergen Avenue, 2nd Floor, Jersey City, NJ 07306.