

**The Cleveland Clinic Foundation
 Medical Dosimetry Program
Applicant Summary**

Name _____

Baccalaureate Degree _____ Date of Graduation _____

College/University _____ GPA _____

College/University _____ GPA _____

College/University _____ GPA _____

College/University _____ GPA _____

Radiation Therapy Program _____ GPA _____

Date ARRT Registry _____ Completed _____

Pending _____

Experience _____

Prerequisite Courses – Please list the name of the course and where it was taken.

Human Anatomy & Physiology _____

Cross Sectional Anatomy _____

Physics _____

Introductory or Pre-Calculus _____
 or the combo of College Algebra and Trig

Other Pertinent Courses	
Work Experience	
References	

Additional Information: