Cleveland Clinic
School of Health Professions

Attestation document for Proximity to Degree
Radiologic Technology programs

Step One: Student Information

Student's Name: _____

Please **choose one** of the following options:

- ☐ I have completed an associates and/or bachelor's degree from an accredited academic institution and will submit my official transcripts. (*If you checked this box, you do **not** need to complete Step Two.)*
- ☐ I am currently enrolled in an academic institution (proceed to **Step Two**)
- ☐ I was previously enrolled in an academic institution and have not completed an associates and/or bachelor's degree and plan to re-enroll upon acceptance to the Radiologic Technology Program (proceed to **Step Two**)
- ☐ I plan to enroll in an affiliated academic program upon completion of the Radiologic Technology Program. (Click here to view the list of institutions.) (*If you checked this box, you do **not** need to complete Step Two.)*

Step Two: Verification by Academic Institution (if applicable)

Academic Institution: _____

School Official (name, title): _____

School Official Phone: _____

School Official Email: _____

The student is currently declared in an associate's or bachelors degree program	☐ Yes	☐ No
The student will have no more than 12 credits remaining upon returning to the academic institution	☐ Yes	☐ No
By participating in the School of Health Professions Program, the student will be eligible to transfer coursework back to the academic institution	☐ Yes	☐ No

_____ _____

School Official Signature Date