

**Supplemental Application**  
**Primary Magnetic Resonance Imaging Program**

**General Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Education History**

I earned a grade of "C" or better in the following college level courses:

Anatomy & Physiology I

Anatomy & Physiology II

Anatomy & Physiology for Medical Imaging at Cuyahoga Community College

Medical Terminology

I certify that all information submitted in the admission process, including this application and any other supporting materials, is my own work, factually true, and honestly presented, and that these documents will become the property of the School of Health Professions and will not be returned to me. I am aware I must meet health and background check requirements in order to begin my program. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and certificate should the information I have provided be false. I agree to notify the School of Health Professions immediately should there be any change to my criminal history or the information requested in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_