

# Admissions Application Worksheet 2025

<b>Student Name-</b> _____		<b>Cougar I.D.</b> _____
<b>Pre-application Requirement</b>		<b>Completed</b>
<b>Info Session</b>	<b>Date Attended</b>	___/___/___
<b>Prior Application</b>	If you have applied previously, indicate the year(s)	20___
<b>GPA -Above 2.5</b>	<b>High School or College with min. 24 credits</b>	YES ___ NO ___
<b>Observation Hours</b>	<b>16 hours minimum in Radiography</b>	YES ___ NO ___
<b>Written Statement</b>	<b>Minimum 2 paragraphs describing your interest in Radiography</b>	YES ___ NO ___
<b>HESI Reading</b>	<b>Minimum Reading Score of 70%</b>	YES ___ NO ___
<b>Previous Enrollment</b>	<b>Previously Enrolled in another healthcare program (Provide Description on Back of this form)</b>	YES ___ NO ___
<b>Background Check</b>	<b>Any Felony and/or more than three misdemeanors convictions</b>	YES ___ NO ___
<b>Essential Skills</b>	Reviewed- Applicant confirms that they can perform ALL functions and agrees to be tested or re-tested at his/her own expense anytime during the program.	YES ___ NO ___
<b>Math Readiness</b>	<b>Completion of Math 1075, or placement into Math 1146 or Math 1148, transfer credit of Math 1146 or higher is acceptable</b>	YES ___ NO ___
<b>Handbook/Video Review</b>	<b>Reviewed Handbook and Powerpoint.</b>	YES ___ NO ___
Substitute courses- similar content, higher academic level		

Courses	(Substitutions in Parenthesis)	Points	Total
English 1100	(Sub- )	A=7, B=5, C=2, D=1 (7 max)	
Comm 2200	(Sub- )	A=7, B=5, C=2, D=1 (7max)	
Mult 1110	(Sub- )	A=4, B=3, C=2, D=1 (4 max)	
CSCI 1101	(Sub- )	A=4, B=3, C=2, D=1 (4 max)	
Biology 2300		A=18, B=12, C=7, D=1 (18max)	
Biology 2301		A=18, B=12, C=7, D=1 (18 max)	
Math 1148		A=18, B=12, C=7, D=1 (18 max)	
IMAG 1190		A=3, B=2, C=1, D=0.5 (3 max)	
IMAG Electives – GXMO		1 points each course (5 Max)	
Additional Degree-Year _____ School _____		Assoc-1, Bchlr-2, Mstrs-3	
Applied Previously 1pts/year		years X 1 points= (3 Max)	
HESI Exam Score (% score = number of points/10)			
<b>Total Points-Add all points from columns above and enter total here</b>			

By signing this Radiography Program Application Packet Checklist, **I attest that all information contained in my application packet is correct**, to the best of my knowledge. This includes all transcripts, applications, statements, and any other material submitted. I also understand that all information submitted becomes the property of Columbus State Community College Radiography Program and will not be returned to me.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Revised 04/30/24 SC  
 10% HESI  
 54% Math and BIO  
 36% other