

Application for Admission
St. Joseph's Hospital—School of Radiography
611 St. Joseph Ave.
Marshfield, WI 54449

REFERENCES: Please list three references that are not related to you. Include name, address and length of relationship.

1. _____

2. _____

3. _____

Attached to the application is a reference survey. Each person listed above must fill out the survey and mail it directly to St. Joseph's Hospital—School of Radiography no later than November 1. Reference surveys mailed to the school by the applicant will not be accepted.

NOTE: This application is not complete unless all information requested is provided. Please return the application, along with transcripts from all educational institutions attended on or before November 1 prior to the entrance date. Classes begin the first full week of August of each year.

An application fee of \$30 must accompany the application.

Signature

Date

It is the policy of St. Joseph's Hospital-School of Radiography to consider all applicants for admission without regard to age, race, religion, creed, color, handicap, marital status, sex, national origin, ancestry, political affiliation, sexual orientation, military reserve status, or any other unlawful bias.

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6. How does the applicant deal with conflict? Give an example.

Please rate the applicant on a scale of 1 to 5 on the following criteria. Take into consideration that 5 is considered excellent, 4 is above average, 3 is average, 2 needs improvement and 1 is unsatisfactory.

- a. punctuality
- b. attendance
- c. team player
- d. critical thinker
- e. motivation
- f. preparedness
- g. diplomacy
- h. enthusiasm
- i. conflict management

Thank you in advance for your candid responses to this survey. Please submit this survey directly to St. Joseph's Hospital—School of Radiography. Surveys given to the applicant will not be accepted.

Signature

Date