

**RADIOGRAPHY PROGRAM
BOWLING GREEN TECHNICAL COLLEGE
INFORMATION SESSION VERIFICATION**

APPLICANT NAME(please print)_____

DATE OF VIEWING_____

By signing this form, I have watched the Information Session Video online. I am aware of the following topics pertaining to admission to the Radiography Program:

Program Description

Clinical Sites

Preapplication for Ethics Violations

Technical Standards

Radiography Curriculum Requirements

Admissions Procedure

March 1 Date for Submission of all Application Materials

Five Items Required for Admission Consideration

Approximated Program Costs

Applicant Signature: _____

Please return this form to:

Radiography Program

Bowling Green Technical College

1845 Loop Drive

Bowling Green, KY 42101