

OREGON HEALTH SCIENCES UNIVERSITY SCHOOL OF MEDICINE

RADIATION THERAPY APPLICATION FOR ADMISSION

Note: All information on the application must be typed or printed legibly

*SOCIAL SECURITY NO. _____ - _____ - _____

FULL NAME _____
Last First Middle Other name(s) used

PRESENT ADDRESS _____ MAILING _____
Number and street City/County State ZIP Code Phone

PERMANENT ADDRESS _____
Number and street City/County State ZIP Code Phone

BIRTHDATE _____ BIRTHPLACE _____ SEX: _____
 MALE _____ FEMALE _____
optional City/State/Country

To help the university comply with a commitment to the U.S. Department of Health, Education, and Welfare, you are urged to identify your ethnic background. You may decline to do so without prejudicing the action taken on your application.

_____ Non-Hispanic Black _____ Amer. Indian or Alaska Native(Specify) _____
 _____ Asian(Specify) _____
 _____ Middle Eastern(Specify) _____ North African(Specify) _____ Pacific Islander(Specify) _____
 _____ Hispanic(Specify) _____ Non-Hispanic White _____ Decline Response _____

Nation of citizenship _____ Type of Visa _____ Resident _____ alien _____ number _____
(if applicable) (if applicable)

APPLICANTS ARE SELECTED FOR ADMISSION REGARDLESS OF RACE, SEX, AGE, RELIGION, NATIONAL ORIGIN, COLOR, MARITAL STATUS, OR HANDICAPS.

EDUCATION

HIGH SCHOOL: _____
Name City/State Graduation Date

Beginning with the most recent college, list all colleges attended:

Name of Institution Granted/Anticipated	State	Dates Attended	Cert./Degree	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT HISTORY

List all places of employment since high school graduation. Use additional paper if necessary.

Employer	Dates of Employment	City/State	Position/Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If this is a reapplication, enter year(s) of previous application:

SEE REVERSE SIDE

Courses in Progress

List below all courses in which you are presently enrolled and those courses you plan to complete during the remainder of the academic year:

Term (eg.:Spring, Summer etc.)	Course Name	Credit Hours	School (P.S.U.)
	Chem 104 General Chemistry	4	
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

Were you ever required to leave any college or denied readmission for any reason?
 Yes No If 'yes', explain fully on separate page.

The Oregon Department of Justice has instructed the Oregon Health Sciences University to add the following questions to the application materials to be completed by the applicants seeking admission to OHSU. Please use additional paper to respond to the inquiries, if necessary. Thank you for your cooperation.

1. Have you ever been convicted of a misdemeanor or felony? _____(Yes) _____(No)
2. Have you ever been found guilty except for insanity, mental disease, defect, etc., or not guilty by reason of insanity, mental disease, defect, etc., in any proceedings in which you were charged with a misdemeanor or felony? _____(Yes) _____(No)

If the answer to either of the above questions is "yes" please indicate the crime involved, any sentence imposed, and the year(s), state, and country in which the legal proceedings took place.

SHOULD THE ANSWER TO EITHER OF THE ABOVE QUESTIONS BECOME "YES" BETWEEN SUBMISSION OF THIS APPLICATION AND AN ACCEPTED APPLICANT'S ENROLLMENT AT OHSU, THE INDIVIDUAL MUST SO INFORM THE DEAN OF THE SCHOOL.

I certify that the information is true and that this application has been completed without evasion or misrepresentation. If it is found to be otherwise, I understand it is cause for rejection or dismissal.

_____ Applicant's Signature _____ Date

Application must be accompanied by a \$60.00 non refundable fee made payable to OHSU
 Submit completed application only between January 1 and March 1.

* You are requested to provide voluntarily your Social Security Number to assist OSSHE (and organizations conducting studies for or on behalf of OSSHE) in developing, validating, or administering predictive tests; administering student aid programs; improving instruction; internal identification of students; collection of student debts; or comparing student educational experiences with subsequent workforce experiences. OSSHE will disclose your Social Security Number only if the studies are conducted in a manner that does not permit personal identification of you by individuals other than representatives of OSSHE (or the organization conducting the study for OSSHE) and only if the information is destroyed when no longer needed for the purposes for which the study was conducted. By providing your Social Security Number, you are consenting to the uses identified above. This request is made pursuant to ORS 351.070 and 351.085. Provision of your Social Security Number and consent to its use is not required and if you choose not to do so you will not be denied any right, benefit, or privilege provided by law. You may revoke your consent for the

use of your Social Security Number at any time by writing to: Registrar's Office, Oregon Health sciences University, Portland,
Oregon 97201-3098.

JG\Gen\Applicat.RT
REV 11/12/00