



Radiologic Technology Education
University of Iowa Hospitals and Clinics
Department of Radiology, C723 GH
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ACCEPTANCE FORM

Date: _____

Please check:

_____ YES, I will accept a student position in the Radiologic Technology Program at the University of Iowa Hospitals and Clinics starting on July 16, 2012. Enclosed is a check for \$150 to cover the Acceptance Fee made out to The University of Iowa Hospitals and Clinics.

_____ NO, I will not accept a student position in the Radiologic Technology Program at the University of Iowa Hospitals and Clinics starting July 16, 2012.

Please, if possible, indicate the reason why you have decided NOT to enter our Program.

_____ Have accepted a position in another radiography program.

_____ Have decided upon another area of education.

_____ Other reasons.

Candidate's Signature