Springfield Technical Community College
Radiologic Technology Program
Program Coursework Requirement Form 2025

This **PRINTABLE form** must be **MAILED or EMAILED** to the Admissions Office
(Electronic version which can be completed and submitted online is available on program website)
Instructions-Please read carefully.

- Complete all items on both sides. If not applicable, enter N/A in the appropriate box, do not leave anything blank. All *requirements* must be completed, or in progress in order to apply.
- This is a checklist, please refer to the program website for *detailed* information. You must also complete the *STCC COLLEGE APPLICATION.*
- After you have completed each section, sign and *MAIL or EMAIL this form* to the Admissions Office by **March 31.** This, and all documents must be received or postmarked by **March 31**:

Admissions Office
Springfield Technical Community College
One Armory Square-PO Box 9000
Springfield, MA 01102-9000
Admissions@stcc.edu

For additional information regarding applying to the college, please visit www.stcc.edu/apply

Name (print legibly)_____

If you are a current or former STCC student, please list ID# _____

Address_____

City/State_____Zip code_____Country_____

Telephone number_____Email_____

If there are any extenuating or unusual circumstances related to your application, please note below
_____
_____

My signature below indicates that ALL admission requirements for the Radiologic Technology program have been completed or are in progress as indicated on the reverse page. The information I have provided is accurate, I understand it will be verified by the admission office.

Student applicant signature_____Date_____

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Admission Requirement	Provide appropriate response
1. Complete STCC College Application, with a request for Radiologic Technology	_____Application for Admission
2. Official High School Transcript, HiSet or GED	_____Official document provided
3. **Math**-Completion of Technical Math 1 (MAT-124 with a C or higher within 5 years, OR if taking math requirement outside of STCC a 4 credit college level Pre-Calculus course is only acceptable substitute*)	Course name/number: Where/when taken: Grade:
4. **Chemistry**-HS Chemistry with lab with C or better OR completion of college level Chemistry with a C or better (both within 5 years)*	Course name/number: Where/when taken: Grade:
5. **Biology**-Completion of college level A & P 1 years with lab, with a C or better within 5 years*	Course name/number: Where/when taken: Grade:
6. **English**-4 years of HS English with a C or better or completion of ENG-095 or College level English with C or better or Placement exam score of ENG101 or higher	Course name/number: Where/when taken: Grade:
7. **Med Term**-Completion of a 3 credit, college level Med Term, grade of C OR passing score on challenge exam	Course name/number: Where/when taken: Grade:

*Course work with designated time frames must be current relative to the start of the program.

Additional Information-Applicants who complete the following will strengthen their application.

Course	Grade	Semester/ Year taken?	Taken At STCC	Where was this completed if not STCC? (list college)	Document been submitted?
College ENG 1					
College ENG 2					
*A & P 2 with lab					

*Course work must be current within 5 years of the start of the program.

Do you have work experience in the healthcare industry? Or customer service field? Y / N
If YES, submit official document, *healthcare experience verification form*, found on program webpage, under Applying to this Program.