

IU Kokomo Medical Imaging Technology Application

The MIT program begins July each year. Applications are due **December 1st** of the year prior to the anticipated program entry.

Applicants who have not earned ARRT certification should be enrolled in the pre-radiography or pre-medical imaging technology program.

Select area of interest from the drop down menu

Please provide the following information

Full Legal Name:

IU ID, if acquired:

Previous Names (if different)

Date of Birth

Street Address

State

City

Zip code

Preferred phone number

Alternate phone number

E-mail

List any previous college/universities you have attended. All non-IU transcripts must be submitted.

1.

3.

2.

4.

Submit three (3) professional [letters of recommendation](#). You may submit your application prior to having all three (3) references returned. Please see contact information below for sending the letters of recommendation.

General Education Requirements: The MIT program requires students to complete IUK general education requirements. Please visit the [MIT Admissions](#) web site for the Pre-MIT Requirements Plan form.

Students must submit a plan for completing general education course requirements. Please use the form below to discuss your plan.

Plan of Completion

I have read and believe the supplied information to be correct. Knowingly submitting false or misleading information will result in disqualification from being accepted into the Medical Imaging Program.

Signature:

Date

Return Completed Application To:

Division of Allied Health Sciences: MIT Admissions
2300 S. Washington St.; PO Box 9003
Kokomo, IN 46904-9003

Fax: 765-455-9310 attn: MIT Coordinator

IU Kokomo Medical Imaging Technology: Applicant Questionnaire

1. Describe your reasons for pursuing this chosen modality.

2. How will you contribute to the profession?

3. Describe any advanced medical imaging clinical experience, supervision, or management experience you have acquired.

4. List all professional activities in which you are/were a participant. Include the date(s), organization name, honors/awards received, offices held. ie) ASRT, ISRT, Student group, Etc.

Activity	Start Date	End Date
	<input type="text"/>	<input type="text"/>
Activity	Start Date	End Date
	<input type="text"/>	<input type="text"/>
Activity	Start Date	End Date
	<input type="text"/>	<input type="text"/>

*If additional space is needed. Please use this box.

5. Describe your areas of interest outside of radiology. Include free time activities, organizations, hobbies, and include any leadership responsibilities.

6. Describe yourself.

Strengths

Weaknesses

How will you overcome your weaknesses to successfully complete an accelerated program?

7. What steps do you take when you need to resolve a problem between you and another person or group of people?

8. Describe how you will use your professional skills to advocate for patient care?

9. Provide a chronological history of all your work experiences (paid/volunteer). This does not need to be specific in health care.

Location	Job Title	Start Date	End Date
		<input type="text"/>	<input type="text"/>
Location	Job Title	Start Date	End Date
		<input type="text"/>	<input type="text"/>
Location	Job Title	Start Date	End Date
		<input type="text"/>	<input type="text"/>
Location	Job Title	Start Date	End Date
		<input type="text"/>	<input type="text"/>

Please use this box to add more experience, if needed