

**BAPTIST HOSPITALS of SOUTHEAST TEXAS  
SCHOOL OF RADIOLOGIC TECHNOLOGY  
BEAUMONT, TEXAS  
PO Drawer 1591  
BEAUMONT, TX 77704**

**REQUIREMENTS TO APPLY FOR  
Associate of Applied Science in Radiologic Science Degree:**

The Applicant must meet the following requirements:

1. Have Graduate of Baptist Hospitals of Southeast Texas School of Radiologic Technology in Beaumont, Texas.
2. Be a Registered Technologist in good standing with the ARRT.
3. Have a minimum of 15 College Credit Hours that meet the following criteria:

English Composition (Required)	3 Hours
Algebra or Business Math (Required)	3 Hours

**Remedial courses will not be accepted**

**Remaining 9 hours must be selected from the following categories:**

Arts-no more than 3 SCH from this category  
Humanities-no more than 3 SCH from this category  
Computers-no more than 3 SCH from this category  
Social or Natural Sciences-no limit

9 Hours

**No courses other than those listed above will be considered toward meeting the 15 hour requirement.**

- ALL College Credit Hours must be earned from an institution that is accredited by an accrediting agency that is recognized by the United States Department of Education (USDE).

If you have met the above requirements:

1. Submit Official College Transcripts. If you graduated from BHSET Radiology School before 2009 we DO NOT have your Official College Transcripts (when we receive your application we will pull your BHSET Radiology School Transcript and attach it to your application)
2. Submit copies of current ARRT
3. Submit Application and Application fee by September of each year if you wish to receive your diploma by December.

**\*AAS Degree APPLICATION\***

**BAPTIST HOSPITALS OF SOUTHEAST TEXAS SCHOOL OF RADIOLOGIC TECHNOLOGY**  
**Application must be complete. Do not leave any blanks unanswered. Failure to provide requested information will void application. Remember to submit your \$75.00 Application Fee with this application. Make check payable to: BAPTIST HOSPITAL RADIOLOGY SCHOOL.**

**Personal Data**

Last Name at time of Graduation: \_\_\_\_\_

First Name \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

How can we contact you with questions? Cell Phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

ARRT #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

How would you like your name on your diploma? (Please print)

\_\_\_\_\_

Address to which you would like your diploma mailed:

\_\_\_\_\_

Street or P.O. Box

City and State

**NOTE:**

Return application with application fee College transcripts, copies of ARRT and state license. All documents submitted become permanent records of the school and will not be returned.

Mailing address: Baptist Hospitals of Southeast Texas-Radiology School  
P.O. Drawer 1591 Beaumont, TX 77704

**\*\*\*\*\*READ CAREFULLY BEFORE SIGNING THIS APPLICATION\*\*\*\*\***

I hereby certify that all information included on this application is true and correct to the best of my knowledge and belief and do hereby authorize any and all investigations deemed necessary by this facility to verify the information contained herein and necessary qualifications for the position for which I am applying. I further understand and agree that any false statements or material omissions on this application may result in discontinuance of further consideration of my application or immediate dismissal from the educational program.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Printed Name of Applicant