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

The Applicant must meet the following requirements:

1. Be a graduate of Baptist Hospital’s 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. You do not need to re-submit your BHSET Rad School transcript.

2. Submit copies of current ARRT

3. Diplomas will be issued once a year. Deadline to submit your application is July 1 of each year. You will receive your diploma by September.
"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