

Applicant Summary Rating Form: Department of Radiologic Sciences

Applicant Name \_\_\_\_\_ Today's Date \_\_\_\_\_

	<u>Points Received</u>	<u>Points Possible</u>
<b>I. Academic Record</b>		
A. GPA x 15 = _____ x 15 = _____	_____	<u>(60)</u>
<b>II. Written Communication Skills</b>	_____	<u>(34)</u>
<b>III. Date of Interview: _____ Results</b>	_____	<u>(72)</u>
<b>IV. Previous Applications Submitted</b>		
1 <sup>st</sup> time (0 points) 2 <sup>nd</sup> time (5 points) 3 <sup>rd</sup> time (10 points) _____		<u>(0,5,10)</u>
<b>V. BS/BA or higher degree</b>	_____	<u>(10)</u>
<b>Total Score Received :</b>	_____	<u>(186)</u>

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**Action Taken:**      **Accepted**                      **Declined**                      **Alternate List**

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**Application Documents Received**

Reference Forms:                         Observation/Videos:

Transcripts:                       From: \_\_\_\_\_

J Number: \_\_\_\_\_