



MRI Certificate Program

Fall Semester

June 1st Deadline

Program Advisement Form

The Program Advisement Form is required for admissions to the MRI Program. Program Director's approval must be the only requirement pending for admission by the time this form is submitted. **Applications will be accepted each year starting January 1st to the June 1st deadline for the Fall semester of that year.**

Please Complete Applicant Information below:

First Name	Middle Name	Last Name	Student Number
Address	City	State	Zip Code
GTC Email Address		Alternate Email Address:	

Please Select Your Primary Certification (One is required):

☐

Radiologic Technologist

☐

Registered Radiation Therapist

☐

Registered Sonographer

☐

Registered Nuclear Medicine

Please provide one of the following with your Program Advisement Form: Active ARRT Status, Active NMTCB, or Active ARDMS status. The application will not be accepted without the provided status.

Did you graduate from one of our Radiologic Technology, Diagnostic Medical Sonography, Echocardiography, MRI, or CT Programs at Gwinnett Tech? Yes ☐ No ☐

Please read and initial each of the following:

_____ I have verified my admissions file is complete and the only pending requirement is the Program Director's Approval.

_____ I have submitted all transcripts showing the completion of a qualifying program.

_____ I understand I must be in good academic standing at Gwinnett Technical College and in good standing as a Radiologic Technologist, Registered Radiation Therapist, Registered Sonographer, or Registered Nuclear Medicine before I submit this form.

_____ I understand a criminal background check and drug screen are required based on the requirements for participation in clinical experiences.

_____ I understand I must submit proof of my active ARRT, NMTCB, or ARDMS status.

_____ I understand that the completion of the Program Advisement Form does not guarantee acceptance to the MRI Certificate Program as there are a limited number of seats in the occupational and clinical courses.

Please read and initial each of the following:

- _____ I understand that the acceptance process is on a first-come, first-serve basis. I understand that I must have submitted all my admissions requirements and be pending Program Director Approval, complete my admissions file, turn in all of my transcripts, and must have completed and turned in this advisement form to be considered for the program.
- _____ I understand that GTC's graduates from any of the following programs: RADT, DMS, ECHO, CT, or MRI will have priority for acceptance into the program.
- _____ I understand that students applying to the MRI Certificate program will be sent a confirmation email within one week after the deadline. Students are required to respond to the email (within a week) to secure a spot in the program and register for classes.
- _____ I understand that if I receive a confirmation email of acceptance, I will be required to attend a mandatory meeting regarding the certificate program, issued by the Faculty and Staff.
- _____ I understand that it is my responsibility to **return this completed form to the Enrollment Support's Health Team email at healthapp@gwinnetttech.edu**. Once received and reviewed, the Enrollment Support team will forward this form to the Program Specialist for consideration to be accepted into the program.

Student Signature: _____ Date: _____

Enrollment Advisor Signature: _____ Date: _____

For Staff use only

_____ Student has active Admissions File, pending program director's approval, and is in good standing	
_____ Student has provided Active ARRT status, Active NMTCB status, or Active ARDMS status	
_____ Students Driver's license has not expired	
_____ Permanent Resident Card has not expired	_____ Year graduated from GTC
_____ Student graduated from one of the following programs at GTC: RADT	<input type="checkbox"/> DMS <input type="checkbox"/>
_____ Date Advisement Form was processed	ECHO <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/>