

# SPC Radiologic Technology

## 2026-Program Application



### Applicant Information

Please complete (type) all areas

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                    *Last*                            *First*                            *M.I.*

Address: \_\_\_\_\_  
                    *Street Address*  *Apartment/Unit #*  
\_\_\_\_\_  
                    *City*  *State*                            *ZIP Code*

Phone: \_\_\_\_\_

SPC Email: \_\_\_\_\_

Student ID: \_\_\_\_\_

Have you ever been convicted of a felony?    YES    NO

If yes, explain: \_\_\_\_\_

### Education

Please include all colleges, universities, vocational schools, allied health schools attended (including SPC).  
If more space is needed, please use a another application sheet.

Institution: \_\_\_\_\_ City & State: \_\_\_\_\_

Credits: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Institution: \_\_\_\_\_ City & State: \_\_\_\_\_

Credits: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Institution: \_\_\_\_\_ City & State: \_\_\_\_\_

Credits: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Have you previously been enrolled in the SPC Radiologic Technology Program or another Radiography School or Program?    YES    NO

### Disclaimer and Signature

-Students in the Radiologic Technology Program with a criminal background - please be advised that the background may keep you from obtaining credentials from the ARRT and/or a state radiation license. Students who have a question regarding their background and credentials/license, please speak with the Program Coordinator or the Department Chair. The student may request a criminal history evaluation from the applicable credentialing/licensing agency.

-I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I have read and understand the information and the technical requirements in the 2026-Application Information. I understand that any misrepresentation, falsification, and/or omission of information is cause for denial of admission or expulsion from the Program. I understand that the information contained in this application will be read by the faculty and staff of the South Plains College Radiologic Technology Program.

-Please complete (type) all the above application information. Typing your name and the date will serve as your signature. Please submit this application as a PDF, named accordingly from your SPC email.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_