



Ivy Tech Community College - Terre Haute  
Application for  
Computed Tomography Program

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

Name: \_\_\_\_\_

Former Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

College Graduation Year: \_\_\_\_\_ Major: \_\_\_\_\_

*Please check one (you must be a registered Radiologic Technologist):*

Yes, I am interested in the Imaging Sciences – Computed Tomography program and I have/will have my current sponsor my clinical position. **I am a registered R.T. and I have 2 years experience in the CT area.**

Yes, I am interested in the Imaging Sciences – Computed Tomography program but **I am a registered R.T. and I do not have 2 years experience in Computed Tomography area.**

Which semester are you applying for: \_\_\_\_\_ Fall \_\_\_\_\_ Spring

PLEASE RETURN THIS FORM TO:

Ivy Tech Community College  
Lou Ann Wisbey  
Program Chair – IMAG/CT  
8000 S Education Dr  
Terre Haute, IN 47802