

Application Deadlines:

July 1, 2013 – Complete online application to the UW-L Graduate School and request all transcripts August 1, 2013 – Submit all program application materials posted on the program's website

(Please type your responses in the spaces provided and then print)

Name:	Email:

Please share how you learned of the UW-L Medical Dosimetry Program:

JRCERT Professional Organization

Internet Program Alumni

Advertisement Radiation Therapy Program

Friend/Family Other

REFERENCES

Please list 4 individuals submitting references on your behalf; two of which must be from clinicians submitting clinical (volunteer or paid) evaluations. The required form is provided on the program's website. Completed forms must be submitted in a sealed envelope with the evaluator's signature over the seal.

Name and Position/Title	Facility	Email

Personal Narratives/Autobiography

Please respond to the following questions by typing your responses in the space provided. By signing and submitting this application to the program, you are acknowledging that you are the sole author of these essays.

 Please describe a person in your life that you hope to emulate. What qualities does this individual possess that you hope to carry forward in your own life? Describe how these qualities might enhance your own ability to become an exceptional health care provider.

2.	Please tell us about a time in your life when you experienced adversity. How did you handle the situation? What did you learn about yourself that will benefit you in your chosen profession?

3.	Please explain your reason for entering the profession. In addition, is there any additional information that you would like the admissions committee to know about you that has not already been shared in this application, please explain.

COMPUTER ELIGIBILITY FORM

The didactic portion of the medical dosimetry program at University of Wisconsin–La Crosse is offered online via *Desire2Learn* (D2L) web platform. Before you can apply to the program, you must meet the following hardware and software requirements. We strongly recommend that you have access to a computer at home as research indicates that students are more likely to drop online courses without having home access to a computer.

Please complete the by placing a check in the space provided:

	HARDWARE REQUI	IREMENTS	
☐ Any PC with	at least 233 MHz		
☐ Broadband co	nnection to the internet		
	SOFTWARE REQUI	REMENTS	
☐ Internet Explo	orer as web browser		
□ Flash Player F	□ Flash Player Plug-in		
☐ Shockwave Pl	ayer Plug-in		
☐ A basic opera Indicate your leve	ting system (such as MS Win el of competency:	dows or Macintos	sh operating systems)
o Beginner	Intermediate	o Advan	ced
□ Word Process Indicate your levelower ○ Beginner	ing (such as Microsoft Office el of competency:	Word) ○ Advan	ced
☐ The basics of a Indicate your leve	a spreadsheet (such as Micro el of competency:	soft Excel)	
∘ Beginner	o Intermediate	o Advan	ced
☐ Basic presenta	ation software (such as Micro el of competency:	soft PowerPoint)	
o Beginner	o Intermediate	o Advan	ced
How familiar are	you with uploading/downlo	oading files and e	mail attachments?
□ Not familiar	☐ Somewhat familiar	\square Familiar	□ Very familiar
How familiar are	you with using search engin	les?	
□ Not familiar	☐ Somewhat familiar	☐ Familiar	□ Very familiar

Submit a UW-La Crosse online application.	This can be completed online at the following
address: https://apply.wisconsin.edu/	T O

2. Submit <u>official</u> transcripts of all college and university coursework to the following address:

Instructions:

UW-L Graduate Admissions 1725 State Street Cleary Center La Crosse, WI 54601

1.

3. Submit the required UW-L Medical Dosimetry program application materials, and \$50 non-refundable program application fee payable to UW-L, preferably together in one mailing, to:

UW-L Cashier's Office 1725 State Street 121 Graff Main Hall La Crosse, WI 54601

NOTE: Failure to receive all application materials, including transcripts, by the stated deadline will result in your application <u>not</u> being reviewed.

I attest that the information furnished in this application is accurate.

Signature of Applicant

Date

University of Wisconsin-La Crosse Medical Dosimetry Program