

UNIVERSITY of WISCONSIN
LA CROSSE
 Master of Science in Medical Dosimetry

Application Deadline - January 1

(Please type all 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

PRE-REQUISITE COURSE WORK COMPLETED

Prereq courses must be completed by the January 1 application deadline.

Required Courses	Course Number and Name	Semester Taken	Grade	Credits	Institution
General Biology					
Human Anatomy/Physiology					
Human Anatomy/Physiology					
Computer Science					
Physics					
Physics					
Pre-Calculus or Algebra + Trigonometry					
Medical Terminology					

HEALTH CARE / PATIENT CARE EXPERIENCE (Paid or Volunteer)

Prior direct patient healthcare experience is required. Observation hours cannot be applied towards the requirement.

Primary Occupation Describe your work experience in medical or other science related fields beginning with the most recent.		Dates: (Month/Year)	
		From:	To:
Facility: Position Title:	Description:		
Facility: Position Title:	Description:		
Facility: Position Title:	Description:		

Have you completed an accredited Radiation Therapy program?

Yes

Currently Enrolled

No

Are you currently an ARRT certified in:

Computed Tomography

Magnetic Resonance Imaging

Nuclear Medicine Technology

Radiation Therapy

Radiography

Other

Personal Narratives/Autobiography

Please respond to the following questions by typing your responses in the space provided. Responses are to be between 375 and 400 words. By submitting this application to the program, you are acknowledging that you are the sole author of these essays.

1. 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.

4. If you are reapplying to this program, how have you strengthened your application?
(Please only respond if you have previously applied to the program.)

Instructions:

1. Submit a UW System application by January 1. This can be completed online at the following address: <https://apply.wisconsin.edu/> A \$56 application fee is required.
Graduate Degree
Medical Dosimetry [CSH]
2. Official transcripts of all college and university work must be submitted to the following address by January 1:
UW-L Graduate Admissions
1725 State Street
La Crosse, WI 54601
3. After your UW System application has been submitted, you will be sent an email invitation to log into your Applicant Dashboard within 24-48 hours. You will use the Applicant Dashboard to submit the additional required application materials (as described below) for this program. If you do not receive an email about your Applicant Dashboard, check your junk and clutter folders. If you are unable to locate the email within 3 days of application submission, contact gradstudies@uwlax.edu.

All program application materials need to be uploaded to the portal, including:

- Program application
- Reference forms
- Observation forms
- ARRT certification

NOTE: Failure to receive all application materials, including transcripts, by the January 1 deadline will result in your application not being reviewed.

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