



OREGON HEALTH & SCIENCE UNIVERSITY
SCHOOL OF MEDICINE

RADIATION THERAPY APPLICATION FOR ADMISSION

**APPLICATION MUST BE ACCOMPANIED BY A \$100.00 NON REFUNDABLE FEE MADE PAYABLE TO OHSU
SUBMIT COMPLETED APPLICATION ONLY BETWEEN JANUARY 1ST AND MARCH 1ST**

Note: All information on the application must be typed or printed legibly

FULL NAME _____
Last First Middle Other name(s) used

PRESENT MAILING ADDRESS _____
Number and street City/County State ZIP Code Phone

PERMANENT ADDRESS _____
Number and street City/County State ZIP Code Phone

EMAIL ADDRESS _____ ***SOCIAL SECURITY** _____ **SEX:** _____ **MALE** _____ **FEMALE**

BIRTHDATE _____ **BIRTHPLACE** _____ **COUNTRY OF CITIZENSHIP** _____
Optional City/State

IF NOT A US CITIZEN, TYPE OF VISA _____ **RESIDENT ALIEN #** _____

TO COMPLY WITH FEDERAL STATISTICAL REPORTING REQUIREMENTS, OHSU MUST ASK FOR THE FOLLOWING INFORMATION. WE ENCOURAGE YOU TO PROVIDE YOUR ETHNICITY AND RACE, BUT DOING SO IS VOLUNTARY AND YOUR APPLICATION WILL RECEIVE THE SAME CONSIDERATION WHETHER YOU DO OR NOT.

WHAT IS YOUR ETHNICITY? Hispanic or Latino Not Hispanic or Latino

SELECT ONE OR MORE RACES TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE:

- | | | | | |
|---|--|--|--|---|
| AMERICAN INDIAN OR ALASKA NATIVE | ASIAN | BLACK OR AFRICAN AMERICAN | NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | WHITE |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Chinese
<input type="checkbox"/> Filipino
<input type="checkbox"/> Indian
<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean
<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Asian, Other | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Eastern European
<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> White, Other |

- IF HISPANIC OR LATINO, CHOOSE ONE:**
- | | |
|--|--|
| <input type="checkbox"/> Cuban | <input type="checkbox"/> South or Central American |
| <input type="checkbox"/> Mexican or Mexican American | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Hispanic, Other |

EMPLOYMENT HISTORY

List all places of employment since high school graduation. Use additional paper if necessary.

Employer	Dates of Employment	City/State	Position/Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

HIGH SCHOOL: _____
Name *City/State* *Graduation Date*

Beginning with the most recent college, list all colleges attended:

Name of Institution	State	Dates Attended	Cert./Degree	Date Granted/Anticipated
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current Courses in Progress

List below all courses in which you are presently enrolled and those courses you plan to complete during the remainder of the academic year:

Term (example) Spring, Summer etc.	Course Name	Credit Hours	School
_____	Chem 104 General Chemistry	4	P.S.U.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Attach additional page if necessary

WERE YOU EVER REQUIRED TO LEAVE ANY COLLEGE OR DENIED READMISSION FOR ANY REASON?

Yes No If 'yes', explain fully on separate page.

The Oregon Department of Justice has instructed the Oregon Health & Science University to add the following questions to the application materials to be completed by the applicants seeking admission to OHSU. Please use additional paper to respond to the inquiries, if necessary. Thank you for your cooperation.

1. Have you ever been convicted of a misdemeanor or felony? (Yes) (No)

2. Have you ever been found guilty except for insanity, mental disease, defect, etc., or not guilty by reason of insanity, mental disease, defect, etc., in any proceedings in which you were charged with a misdemeanor or felony? (Yes) (No)

If the answer to either of the above questions is "yes" please indicate the crime involved, any sentence imposed, and the year(s), state, and country in which the legal proceedings took place.

SHOULD THE ANSWER TO EITHER OF THE ABOVE QUESTIONS BECOME "YES" BETWEEN SUBMISSION OF THIS APPLICATION AND AN ACCEPTED APPLICANT'S ENROLLMENT AT OHSU, THE INDIVIDUAL MUST SO INFORM THE DEAN OF THE SCHOOL.

I certify that the information is true and that this application has been completed without evasion or misrepresentation. If it is found to be otherwise, I understand it is cause for rejection or dismissal.

Applicant's Signature

Date

* You are requested to provide voluntarily your Social Security Number to assist OSSHE (and organizations conducting studies for or on behalf of OSSHE) in developing, validating, or administering predictive tests; administering student aid programs; improving instruction; internal identification of students; collection of student debts; or comparing student educational experiences with subsequent workforce experiences. OSSHE will disclose your Social Security Number only if the studies are conducted in a manner that does not permit personal identification of you by individuals other than representatives of OSSHE (or the organization conducting the study for OSSHE) and only if the information is destroyed when no longer needed for the purposes for which the study was conducted. By providing your Social Security Number, you are consenting to the uses identified above. This request is made pursuant to ORS 351.070 and 351.085. Provision of your Social Security Number and consent to its use is not required and if you choose not to do so you will not be denied any right, benefit, or privilege provided by law. You may revoke your consent for the use of your Social Security Number at any time by writing to: Registrar's Office, Oregon Health Sciences University, Portland, Oregon 97201-3098.