

TRITON COLLEGE
Request for Readmission
HEALTH CAREERS: Radiologic Technology

* Readmission is based on faculty and clinical preceptor review, clinical evaluations, a cumulative grade point average of 2.5 or greater, and evidence of the applicant's efforts to strengthen areas of weakness.

*Readmitted students must follow the curriculum in place at the time of their return to the program and all courses must comply with expiration dates according to the Radiology admissions policy.

*The Radiology program reserves the right to test students (including lab testing from the Program Chairperson, Clinical Coordinator and Clinical Preceptor) on content previously acquired to ensure a successful transition back into the program. Students will need to repeat the Technical Standards test at the clinical site to which they are applying.

*Program enrollment is limited by clinical education settings capacity and readmission will be considered only if there are positions available within the class.

*Students shall be limited to two opportunities for successful completion of the Radiology program. Egregious behavior at the clinical may disqualify them from re-entering.

*Re-admission is allowed once and must occur within one year of exiting the program. After one year, the student must re-apply according to the Radiology admissions process.

Steps to be considered for re-admittance are listed below.

1. Applicants must re-apply to the program by completing this form prior to the start of the next semester following failure or withdrawal.
2. Student must have at least a 2.5 GPA in order to be considered for re-admission.
3. Requirements of re-admission may include challenge exams and/or competency check-offs (based on length of time out of program). Students are encouraged to audit classes in order to improve the chances of success on challenge exams and check-offs. Students cannot audit clinical courses due to capacity in accordance with the JRCERT.
4. Acceptance into the program is NOT guaranteed and is based on JRCERT requirements regarding clinical assignment ratio; 1:1 student to technologists ratio for clinical.
5. If re-admitted, the student will receive a letter from the Program Chairperson/Clinical Coordinator detailing requirements of readmission.

DATE _____

NAME _____

Contact email and phone number _____

LAST SEMESTER ENROLLED _____

SEMESTER REQUESTING RE-ADMISSION _____

1. **On a separate piece of paper: STATE YOUR REASON FOR PREVIOUS WITHDRAWAL FROM COURSE OR UNSATISFACTORY COURSE COMPLETION. Be sure to include thoughts and insight as to what happened during this time that resulted in withdrawal or failure. A minimum of 2 pages, double spaced, 12 font and 1 inch margins surrounding document is required.
2. **On a separate piece of paper: STATE THE ACTIVITY UNDERTAKEN IN THE INTERIM TO INCREASE LIKELIHOOD FOR SUCCESS. Be sure to include what will be different this time in order to achieve success in the program. A minimum of 2 pages, double spaced, 12 font and 1 inch margins surrounding document is required.

ADMISSION COMMITTEE SIGNATURES, COMMENTS AND RECOMMENDATIONS/Date:

- Please email or phone your former Clinical Preceptor/s and ask that they send a statement to the Radiology Program Chairperson.
- Clinical Preceptor will need to indicate a recommendation of student strengths and weaknesses for re-admittance.

Student requesting re-admission must complete the following:

- A signature and meeting with the names indicated below. The student must request that the people listed below send a written statement with criteria listed that pertains to their knowledge and experience with the students. This is to be emailed to the Radiology Program Chairperson:
 - Advisor-indicate courses completed, unofficial transcripts indicating expiration dates of courses and current GPA.
 - Radiology Clinical Coordinator-indicate experience and recommendation for re-admittance.
 - All statements will remain confidential and kept in the Radiology department.

*RADIOLOGY CLINICAL

COORDINATOR/date _____

*HEALTH CAREERS

ADVISOR/date _____

DECISION: GRANTED _____ NOT GRANTED _____

RADIOLOGY PROGRAM CHAIRPERSON SIGNATURE/date/statement of results:
