

Northwest Florida State College
Radiography Program
Information Session Post-Test and Confirmation Form

1. Provide your information below: (Please print clearly)

Name: _____

Date: _____

Address: _____

NWFSC Student ID: _____

NWFSC Email: _____

2. Complete the information session post-test

a. An applicant has a felony conviction in her past. What should she do?

b. An online information session is required for each application cycle – TRUE-

i. True

ii. False

c. What is the final date all transcripts must arrive at college to meet the deadline?

d. An applicant took A&P I and II in 2001 and received an A in both. Does he need to re-take the classes? _____

e. Is local employment guaranteed upon completion of the Radiography Program? _____

f. List two performance standards that program applicants must possess.

3. Sign the confirmation:

By signing this form, you are stating that you watched the online information session for the Radiography Program and that you understand the application and selection process for this program.

Signature: _____

4. Fax this form to 850-729-6460 **OR** Mail this form to: Northwest Florida State College
Radiography Program, Bld. E
100 College Blvd, Niceville, Fl.
32578

Please Note: This form **MUST** be returned to the Radiography Program office no later than December 15, 2012 in order to receive points towards selection into the program.