Magnetic Resonance Imaging – DECLARE MAJOR

The MRI Program offers two (2) educational options: certificate and professional growth opportunities. Requirements and processes are different for the 2 options. Please complete this form to indicate your educational goals. This program is available through college credit and continuing education.

I, _____, certify that I want to declare MRI as my major with the intention of completing the entire fourteen (14) credit hour certificate program.

☐ I understand that a completed immunization form must be submitted with the MRI application and these forms must be submitted to the Health Sciences Admissions Office at Eastview Campus, 3401 Webberville Road, Building 8000, Room 8356.

☐ I understand that I do NOT submit a Criminal Background Check until instructed by The Department Chair or designee.

☐ I understand that I am responsible for the fee required for the Criminal Background Check.

☐ I understand that I will receive a "conditional Acceptance" to the program until successful completion of the Criminal Background Check.

☐ I understand that there are certain histories that will disqualify an applicant from Being accepted into a Health Sciences Program. These can be viewed at http://www.austincc.edu/health/background.php

☐ I have had the opportunity to ask questions about the program and understand the specific requirements regarding the application, immunizations and criminal background check process. I understand that if I do not complete any part of the admissions requirements that it will delay my admission into the program.

☐ By checking this box I agree to the above statements.

Student Name ACC ID# or Social Security # Email Address

Mailing Address Apt. # City Zip Phone