

Conditional Acceptance Confirmation

Volunteer State Community College
 Radiologic Technology Program
 1480 Nashville Pike
 Gallatin, TN 37066
 Fax: 615-230-3224
 radiology.info@volstate.edu

You must confirm that you (1) will OR (2) will not accept your seat in the incoming radiology class. Failure to confirm by the due date will forfeit your seat and an alternate will be selected. Please complete this form and return by mail, fax, or email (listed above).

*VSCC ID Number	*Student First Name	*Student Middle Name	*Student Last Name

Conditional acceptance converts to official acceptance upon the successful completion of:

- A criminal background check, and
- A ten panel urine drug screen, and
- Completion of all required clinical education documentation.

***Specific information regarding these requirements will be provided to the student by the program.**

1. **YES!** I accept. Please reserve my seat in the Radiologic Technology Program. By accepting this seat, I agree to abide by the guidelines and policies of the Radiologic Technology Program.

Signature:

Date:

2. **Decline:** I decline my seat in the Radiologic Technology Program. Please select an alternate.

Signature:

Date:

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 For office use only

Completed by: _____ Date: _____

Major	Major Code	Program			
<i>Radiologic Tech. AAS</i>	<i>RAD_AAS</i>	<i>Radiologic Technology Program-AAS Degree</i>	<i>Accepted</i>		