

Conditional Acceptance Confirmation

Volunteer State Community College
Radiologic Technology Program
1480 Nashville Pike
Gallatin, TN 37066

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 email to sarah.phy@volstate.edu.

*VSCC ID Number	*Student First Name	*Student Middle Name	*Student Last Name
<p>Conditional acceptance converts to official acceptance upon the successful completion of:</p> <ul style="list-style-type: none">• A criminal background check, and• A ten panel urine drug screen, and• Completion of all required clinical education documentation. <p>*Specific information regarding these requirements will be provided to the student by the program.</p>			
<p>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.</p>			
Signature:		Date:	
<p>2. ____ Decline: I decline my seat in the Radiologic Technology Program. Please select an alternate.</p>			
Signature:		Date:	

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For office use only

Completed by: _____ Date: _____

Major	Major Code	Program			
Radiologic Tech. AAS	RAD_AAS	Radiologic Technology Program-AAS Degree	Accepted		