INSTRUCTIONS FOR SUBMITTING SCREENING FORM
Computed Tomography Program (21MT)

Submitting a screening form declares your intent to be considered for the Computed Tomography (21MT) Program

SCREENING FORM SUBMISSION
Complete this Screening form and submit it to the Office of Admissions and Recruitment:
Email: ct-admissions@clcillinois.edu
(Print the form, complete it, scan it, and attach it to the email)
Fax: (847) 543-3061
US Mail: Office of Admissions and Recruitment
19351 West Washington Street
Grayslake, IL 60030-1198
In Person: Welcome and One Stop Center – Grayslake Campus, B114

SCREENING DEADLINES
Forms must be received by the end of business on:
Fall admission: the 1ST WEDNESDAY in MARCH of Even Years

SCREENING FORM VERIFICATION
It is your responsibility to confirm that the Office of Admissions and Recruitment has received your screening form and other documents. You may do so via:
Email: ct-admissions@clcillinois.edu
Phone: (847) 543-2061
In Person: Welcome and One Stop Center – Grayslake Campus, B114
Request for Screening
Computed Tomography Program (21MT)

RETURN THIS FORM AND ALL REQUIRED DOCUMENTS TO:
Office of Admissions and Recruitment
19351 West Washington Street • Grayslake • Illinois • 60030-1198
Phone: (847) 543-2061 • Fax: (847) 543-3061 • ct-admissions@clcillinois.edu

The Computed Tomography program is a limited enrollment program that requires a screening procedure to select the academically best qualified from those who request consideration. Preference will be given to residents of Community College District 532 and other institutions with Joint Agreements.

This form must be completed and submitted to the Office of Admission & Recruitment by the screening deadline of the semester for which you desire admission.

Screening Deadline:
• 1st WEDNESDAY in MARCH of Even Years

Name:__________________________________ CLC ID#________________
Former or Maiden Name:_________________________ Social Security #:_____________
Address:____________________________________ Phone: (______)
__________________________________________ Admission for: ☐ Fall Year:_________

I have submitted the following to the Admissions and Recruitment Office: (check the appropriate boxes)
A. Official copy of certification scores sent directly to CLC from the certifying agency ☐
B. Official transcripts of related imaging field sent directly to CLC from the institution ☐
C. Copy of current certification of imaging field ☐
D. Documentation of years of experience in a related imaging field ☐

If you have coursework from another school that could be used to meet program requirements, you must submit a Request for Evaluation of Transcript form. Forms are available at www.clcillinois.edu/studentforms.

I have read and understand the information contained in this Screening Request form. I believe I am/will be ready for screening consideration for admission to the Computed Tomography Program by the deadline date for the term and year that I have indicated above (Including that I will be at least 18 years of age by the start of the program). I understand that it is my responsibility to ensure that all of the above requirements are met prior to the screening deadline.

__________________________________________ (Student Signature) ______________________ (Date)