INSTRUCTIONS FOR SUBMITTING SCREENING FORM
Medical Imaging Program (21MI)

Submitting a screening form declares your intent to be considered for the Medical Imaging (21MI) Program

SCREENING FORM SUBMISSION
Complete this Screening form and submit it to the Office of Admissions and Recruitment:

Email: mim-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

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: mim-admissions@clcillinois.edu
Phone: (847) 543-2061

In Person: Welcome and One Stop Center – Grayslake Campus, B114
Request for Screening Medical Imaging Program (21MI)

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 • mim-admissions@clcillinois.edu

The Medical Imaging 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

Name:__________________________________ CLC ID#________________________________
Former or Maiden Name:_________________________ Social Security #:_______________________
Address:__________________________________ Phone: (______)__________________________
__________________________________________________ Admission for: ☐ Fall Year:__________

1. I have submitted the following to the Admissions and Recruitment Office: (check the appropriate boxes)
   A. Official High School Transcript with graduation date OR Official GED Test Scores ☐
      OR
   B. Official College Transcript with graduation date and degree awarded ☐
      OR
   C. Official Foreign High School or College Transcript evaluated by a NACES approved agency ☐

2. I have met the following minimum selection criteria to screen: (check the appropriate boxes)
   A. Attend a Medical Imaging Information Meeting (Attendance date must be no more than two years prior to the screening deadline of the year for which you are applying) Date Attended:____________
   B. College Reading and Writing Readiness and Basic Algebra Readiness ☐
   C. CLC Cumulative GPA is 2.0 or above ☐
   D. High School Chemistry or Physics with a lab (1 year, C or better) ☐
      OR
      CHM 120 (or CHM 121) or PHY 121 or an equivalent course (C or better) ☐
   E. BIO 123 (or BIO 161) or an equivalent course (C or better) ☐
   F. High School algebra (2 years, C or better) ☐
      OR
      MTH 106 or MTH 108 or an equivalent course (C or better) ☐
      OR
      Acceptable score on the Math Placement Test (indicates proficiency in MTH 108) ☐
   G. NLN PAX with minimum acceptable percentile scores (within 3 years of the screening deadline) ☐

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 Medical Imaging 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)
### Screening Results

<table>
<thead>
<tr>
<th>Meeting:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transcript:</td>
<td>High School</td>
<td>College</td>
</tr>
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<td>CLC GPA:</td>
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<tr>
<td>Proficiency:</td>
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<tr>
<td>Coursework:</td>
<td>Chemistry</td>
<td>Biology</td>
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<tr>
<td>NLN Results:</td>
<td>Verbal</td>
<td>Math</td>
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### Notes:

#### Outcome/Letter: