Radiation Therapy Associate of Applied Science Completion Checklist
Fall 2022

**IMPORTANT**
Form MUST be the semester and year for which you are applying.

YOU MUST FILL IN ALL BLANKS

Student name (print): __________________________ NSHE #: __________________________
The semester for which I am applying is: __________________________ Phone: __________________________
The application deadline is: __________________________ Today’s date: __________________________

1. Check if applicable:
   _____ I am transferring or have transferred credits (attach a copy of MyCSN Transfer Credit Report).
   Note: Grades of “P & TP,” and “S or TS” received prior to spring 2020, will be considered a “C” unless you attach an official transcript showing a different grade – see LE Policy for additional information on “S & TS” grades. A grade of “TR” will not be accepted unless you attach an official transcript showing actual grade; and “LELC” courses will be accepted only with proof of approved substitution waiver.
   
P**LEASE NOTE: PROOF OF APPROVED SUBSTITUTION WAIVER MUST BE ATTACHED IF APPLICABLE

2. Circle either TRUE or FALSE to ALL the following.
   TRUE  FALSE  My science classes (BIOL, CHEM, HHP, PHYS, etc.) are less than 7 years old.
   TRUE  FALSE  I understand that GPA on prerequisite courses must be 2.50 or higher.
   TRUE  FALSE  A copy of my High School Diploma (or transcripts), GED transcripts or advanced degree is attached.
   TRUE  FALSE  I am not currently enrolled in a Limited Entry Program.
   TRUE  FALSE  I have met with a Health Programs Advisor. Date of meeting: __________________________
   TRUE  FALSE  I have completed the Limited Entry Workshop. Date of workshop: __________________________ (Quiz result must be attached).
   TRUE  FALSE  I have paid the $20.00 non-refundable Limited Entry Application Fee (receipt/proof of payment is attached).
   TRUE  FALSE  My TEAS scores meet the minimum requirements. Fill in scores and attach a copy of score sheet.
   Reading Score ________ (min 80%)  Math Score ________ (min 80%)
   English/Writing Score ________ (min 60%)  Science Score ________ (min 60%)
   TRUE  FALSE  I have completed the following classes with a “C” or higher. (“C-” is not accepted.)
   _____ BIOL 223 (year taken ______ / grade ______)
   _____ ENG 100/101/107/110/113 (grade ______)
   _____ MATH 116 or higher (except 122 & 123) (class taken ______ / grade ______)
   _____ PHYS 110 or any college level physics w/ lab (class taken ______ / grade ______)
   IF YOU ANSWERED "FALSE" OR LEFT ANY OF THE ABOVE ITEMS "BLANK", YOU CANNOT SUBMIT YOUR APPLICATION PACKET WITHOUT SELECTION SPECIFIC EXCEPTION WAIVER OR MEMORANDUM

3. Read and initial the following.
   _____ I have read, understand, and agree to comply with the Limited Entry Academic Programs Policy and Procedures.
   _____ I understand that my final grades, including transfer credits, must be posted in MyCSN by the deadline date.
   _____ I understand that I must notify the Limited Entry office of any name, address, or phone change in writing.
   _____ I understand that if I repeat a course the highest of the first three attempts, including W or AU, will be used.
   _____ I understand that the official transcript evaluation of applicable transfer credits must be complete by the deadline.
   _____ I understand that no additional documentation can be added to my application after the deadline.
   _____ I understand that I must reproduce all documentation if I reapply in the future. The Limited Entry Office doesn’t provide documents.
   _____ I understand that I must submit everything at one time with this checklist even if submitted to another department.
   _____ I understand that once I accept a position in a Limited Entry program I cannot apply to another Limited Entry program until I complete the program I originally accepted.
   _____ I understand that I may receive a point(s) reduction if I reapply to a program that I was previously enrolled in.
   _____ I understand that I must transfer TEAS scores to CSN if the test was not taken at CSN.

4. Circle either YES or NO for each item below that you are submitting for points.
   YES  NO  Previous education (transcripts or diploma attached for Doctorate, Masters, Bachelors, or Associate Degree)
   YES  NO  Previous medical field experience (letter from employer required) or copy of current license, registry, or credential with a valid expiration date and individually assigned number
   YES  NO  Proof of Nevada residency (copy of NV driver’s license or proof of in-state tuition from Registrar)
   YES  NO  Certificate of Completion in Health Living and Aging (provide copy of certificate)

5. Check all that apply. Fill in ALL blanks.
   I have completed the following general education courses with a grade of “C” or better.
   _____ BIOL 224 (year taken ______ / grade ______)
   _____ Communications (class taken ______ / grade ______)
   _____ Human Relations (class taken ______ / grade ______)
   _____ Fine Arts/Humanities/Social Sciences (class taken ______ / grade ______)
   _____ PSC 101 or HIST 100 (grade ______) OR ______ HIST 101 (grade ______) and HIST 102/217 (grade ______)

RETURN YOUR COMPLETED APPLICATION PACKET TO THE LIMITED ENTRY OFFICE, WEST CHARLESTON, ROOM K-216, (702) 651-5633

Student Signature: ____________________________________________