

**The Cleveland Clinic Foundation
Medical Dosimetry Program
Applicant Summary**

Name _____

Baccalaureate Degree _____ **Date of Graduation** _____

College/University _____ **GPA** _____

College/University _____ **GPA** _____

College/University _____ **GPA** _____

College/University _____ **GPA** _____

Radiation Therapy Program _____ **GPA** _____

Date ARRT Registry _____ **Completed** _____

Pending _____

Experience _____

Prerequisite Courses – Please list the name of the course and where it was taken.

Human Anatomy & Physiology _____

Cross Sectional Anatomy _____

Physics _____

Introductory or Pre-Calculus _____
or the combo of College Algebra and Trig

| | |
|--------------------------------|--|
| Other Pertinent Courses | |
| Work Experience | |
| References | |

Additional Information: