

Radiography (10-526-1) Petition Form

I AM PETITIONING TO START: FALL SEMESTER 20_____

Please Print

Last Name	First Name	Middle Initial	MATC Student ID #	E-mail Address
Address		City/State/Zip		Telephone

Student is responsible for updating any changes to the above information on INFONLINE.

Read the following and circle “Yes” or “No” for each line. By circling “Yes” you verify that you have met the criteria. If you have questions about being ready to petition, see the program counselor.

1.	Yes	No	I have applied and achieved admission to the college through the MATC Admissions Office and have an active program code for the Radiography program.
2.	Yes	No	I am in Good Academic Standing.
3.	Yes	No	I have achieved a cumulative GPA of 2.5.
4.	Yes	No	I have completed all of my general education and elective courses with a grade of “C” or better.
5.	Yes	No	I have completed NATSCI-177 and MATH-107 with a grade of “B-” or better.
6.	Yes	No	I have attached a copy of my Pre-Admission Exam results.
7.	Yes	No	I have current American Heart Association Healthcare Provider CPR Certification (attach copy).
8.	Yes	No	I have uploaded the following forms to Certifiedbackground.com: (attach verification form). <ul style="list-style-type: none"> Essential Functions Form Health Certification Forms Hepatitis Release Form
9.	Yes	No	I have submitted the Criminal Background Check (CBC) Form to the MATC Paralegal, Room M240 (attach verification form). <ul style="list-style-type: none"> MATC CBC Cover Page State BID (disclosure form) MATC Release and Conditions Form <p><i>I understand that completion of the CBC form does not guarantee clinical placement.</i></p>
10.	Yes	No	I have attached a copy of my MATC Program Plan accessed through INFONLINE (if applicable).
11.	Yes	No	I have submitted official transcripts from other colleges and the courses have been transferred (transferred courses will appear in my MATC Program Plan.

I have read and understand the requirements, petition and notification instructions. I have read and understand all the conditions of my petition to enter my program.

Signature

Date

Radiography (10-526-1) Petition Instruction Sheet

REQUIREMENTS

To be eligible to petition for entry into the Radiography technical courses the following requirements must be completed:

- Officially admitted into MATC with an active program code for the Radiography program.
- Be in Good Academic Standing. (Refer to the MATC Standards of Academic Success)
- Verification that official transcripts have been received by the MATC Admission Offices and courses have been transferred and are reflected on my Program Plan (You must attach a copy of your Program Plan with your petition). The Program Plan may be accessed and printed through *INFONLINE*.
- Completion of NATSCI-177 and MATH-107 with a grade of “B-” or better.
- Completion of all required general education and elective courses with a grade of “C” or better.
- Verification of completed Pre-Admission Exam (you must attach a copy to your petition).
- Verification of completion of the Essential Functions, Health Certification Form and Hepatitis Release Form. Upload these forms to the Certifiedbackground.com and obtain a verification stamp from the Health Records Specialist in room M240. (Attach a copy of your verification form to your petition)
- Verification of completion of the Criminal Background Check (CBC). Submit the CBC form to the MATC paralegal in M240 and obtain verification. (Attach a copy of your verification form to your petition).
Please Note: Completing the CBC does not guarantee clinical placement.
- Cumulative GPA of 2.5.
- Verification of current American Heart Association Healthcare Provider Level CPR Certification (you must attach a copy to your petition).

PETITION INSTRUCTIONS

- You must submit all of the required documents as requested (regardless of how many times you have petitioned).
- Petitions must be turned in or mailed in a sealed envelope to Room H116, the School of Health Sciences (Milwaukee Campus) no later than the close of business by the petition deadline date. No exceptions.
- Mailed petition packets must be received by the deadline date. The mailing address for the School of Health Sciences is 700 West State Street, Milwaukee, Wisconsin 53233.
- Your petition will not be considered unless ALL REQUIREMENTS ARE MET, ALL DOCUMENTS ARE SUBMITTED AS REQUESTED AND YOU HAVE NO OUTSTANDING DEBTS TO MATC.

NOTIFICATION

- Students will be notified of their status via letter within forty-five (45) days of the close of the petition window.
- Accepted students will be required to attend **mandatory** program specific orientations for their respective programs.
- Accepted students that do not attend /complete the program orientation, do not register by the registration deadline or drop core technical courses will **forfeit their seat**.
- Deferring to another year or semester is not an option.
- Non-accepted students and forfeited students are encouraged to petition again during the subsequent petition period.
- All decisions regarding acceptance or non-acceptance are final and cannot be appealed.

MATC reserves the right to hold all decisions final.

**SUMMARY OF MATERIALS
TO BE ATTACHED TO YOUR PETITION:**

- Copy of my unofficial MATC Program Plan, accessed through INFONLINE
- Verification of a completed Pre-Admission Exam.
- Verification form of completion of the Essential Functions, Health Certification, and Hepatitis Release Form
- Verification form of completion of the Criminal Background Check
- Current American Heart Association (AHA) Healthcare Provider CPR Certification.

Criminal Background Check
Verification Form

Student Name _____ Student ID# _____

\$ _____ was received on _____, and the completed criminal background check forms were received by the Paralegal office on _____; thereby satisfying this requirement in the admission's process.
(the required fee amount)

Student Signature

Date

Print Student Name

Print Student Program

I understand that the signature below neither guarantees clinical placement nor implies that the criminal background check has been approved or passed.

MATC Paralegal Staff Signature

Date

Health Records
Petition Verification Form

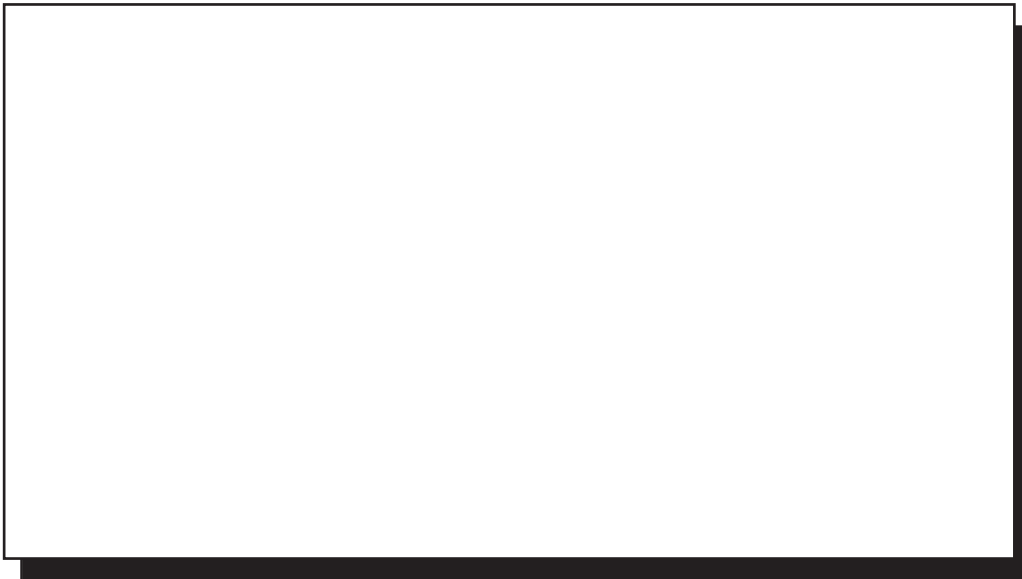
Student ID Number _____

Date _____

Print Student Name _____

Print Student Program _____

A signature below verifies that you have uploaded a complete set of health forms to CertifiedBackground.com. It does not guarantee clinical placement.



This verification form is only valid for the individual program listed and for petitions submitted during designated petition periods.