



5. **ETHNIC GROUP:** Response Optional but appreciated.

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Black

\_\_\_\_\_ Anglo (white)

\_\_\_\_\_ Filipino

\_\_\_\_\_ Asian/Pacific Islander

\_\_\_\_\_ Hispanic

6. Have you ever applied to a Health Technologies program at SBCC? \_\_\_\_Yes\_\_\_\_No

If so, which program \_\_\_\_\_ When? \_\_\_\_\_

I certify under penalty of perjury that all information I have included in this application is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: You must provide original transcripts. If you have applied to any other Health Technology Program, come to the Health Technology Office and request your transcripts from your other file. You may take those transcripts (must be returned) and make copies for your Radiography Program application. We will not make copies for you.**