Washtenaw Community College
Radiography (APRAD)

WCC is no longer collecting applications to the Radiography program for the Spring/Summer 2025 semester. The application for the Spring/Summer 2026 semester is expected to become available in early August 2025 with an anticipated application deadline in late October 2025.

To be eligible to apply for the next admission cycle, all admission requirements must be successfully completed by the application deadline. Please revisit this link/website in August 2025 to download the application packet. Current admission and program requirements can be found on our website.

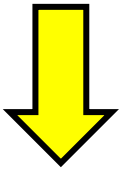
If you have not yet applied to WCC, please submit an admission application to the school. You must be admitted to the school **before** you will be eligible to apply to our Radiography program or meet with an academic advisor.

Program requirements are specific and we recommend meeting with your academic advisor regularly to help lay out a plan on class selection, timing, and to discuss ways to make your application competitive. Appointments can be scheduled by calling (734) 677-5102 or by visiting our Academic Advising website to schedule online or to connect virtually.

Students may receive additional optional points towards their application for **direct patient care** employment experience in a **hospital or health care facility/agency** if completed **within 8 years** of the application deadline. To verify this experience, the **Experience Form** (provided below) must be completed by both the student and the employer/organization.

Please direct questions about submitting an application to our Health and 2nd Tier Admissions Office at (734) 973-3596, (734) 477-8998 or healthadmissions@wccnet.edu.

Experience Form



Updated 5/15/25

Washtenaw Community College
Radiography (APRAD)
EXPERIENCE FORM

Students can be awarded additional points towards their program application for **direct patient care** employment experience in a **hospital or health care facility/agency** if completed **within 8 years** of the application deadline. **This form needs to be attached to any experience submitted and a separate form must be submitted for each employer/organization.**

Direct patient care involves any hands-on interaction between healthcare professionals and patients that is intended to diagnose, treat, manage, or adjust the treatment plan for a patient's medical condition. This includes, but is not limited to performing physical examinations, conducting procedures, taking vital signs, providing personal hygiene assistance, transporting patients, educating patients about their medical condition and how to manage it, and making necessary adjustments to the treatment plan based on the patient's response. Direct patient care requires direct interaction with patients to assess their needs and provide necessary care and treatment.

To be completed by student:

Student's Name (printed): _____ WCC Student ID: _____

Please check one (1):

- ☐ **I am/was employed full-time (30 hrs or more per week).** *Employer must complete section below.*
- ☐ **I am/was employed part-time (15 hrs or more per week, less than 30 hrs).** *Employer must complete section below.*

To be completed by employer/supervisor:

Employer/Organization Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

DATES OF EMPLOYMENT: From (date): _____ **To (date):** _____ ☐ **Check here if still employed**

The above student is/was employed for _____ **hours per week** between the dates listed above.

Job Duties/Services Performed:

Supervisor's Name: _____ *-Tape business card here-*

Job Title: _____

Phone Number: _____

*Signature: _____

Date: _____

If completing and submitted electronically, an electronic signature will be recognized **ONLY IF this document is **submitted directly from the official email address of the employer/organization**. Please send to healthadmissions@wccnet.edu. If a paper form is completed, please attach a **business card** or statement on **organization letterhead** to verify the information.*