

MAGNETIC RESONANCE IMAGING BSRS ADMISSIONS PROCESS

Thank you for your interest in Arkansas State University's BSRS Magnetic Resonance Imaging (MRI) Program. This professional program begins each Summer semester. Please be sure that you have completed every step below and have enclosed all documents before submitting your application.

Students applying to the BSRS MRI Program must also apply for admission to Arkansas State University. Contact the office of admissions and records, P. O. Box 1630, State University (Jonesboro), AR 72467 or by phone (870) 972-3024. All applicants must be 18 years of age or older by May 1.

- Apply for admission to Arkansas State University (Jonesboro Campus)
- College/University transcript (official)
- Complete & sign the application
- Submit as one packet.

DEADLINE: Application material must be sent electronically to kyoungman@astate.edu by 5:00 p.m. on April 1. No paper applications will be accepted.

Applications are reviewed after the application deadline. They are not reviewed on a first come, first served basis. After applications are received, top applicants are determined by GPA, shadowing, interview, and language proficiency (if applicable). Candidates with the highest-ranking total scores will be invited to join the program. Class cohort size is 14 students.

APPLICATION PACKET: Application packets consist of:

- Application Form
- Transcript (unofficial acceptable) demonstrating completion of previous radiography program course work
- ARRT Verified Credentials (if applicable)
- English proficiency (if applicable)
- Spanish proficiency (if applicable)
- MRI Shadowing Form (if applicable)

Only complete packets will be accepted. Please submit application packet ELECTRONICALLY by using the directions below:

- Scan your application packet and save it as (YOUR LAST NAME_CURRENT YEAR.pdf) e.g. Smith_2026.pdf.
- Applications will only be accepted if they are complete and submitted electronically in a .pdf format to kyoungman@astate.edu by 5:00 p.m. April 1.
- Email subject line should read "MRI BSRS Application (YOUR LAST NAME_CURRENT YEAR)"
- No Paper applications will be accepted.

**ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
BSRS Magnetic Resonance Imaging Program**

APPLICATION FORM FOR ADMISSION

Name: _____
Last First Middle

A-State ID #: _____ Phone Number: (____) _____

Email Address (A-State email preferred): _____

Address: _____

City State Zip

If your name, address or phone number changes during your enrollment, please notify the Department of Medical Laboratory & Radiation Sciences at (870) 972-3073 of these changes.

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ENGLISH/SPANISH PROFICIENCY

Were you born in a foreign country? Yes _____ No _____ If "Yes," what country? _____

Foreign born applicants **MUST** submit test scores of English proficiency with the application.

English proficiency documentation includes one of the following:

- Test of English as a Foreign Language (TOEFL) with a score of 83 on the preferred internet-based test (iBT), 570 on the paper-based test, or 213 on the computer-based test.
- International English Language Testing System (IELTS) with a score of at least 4.5 and a spoken band score of 7.
- Pearson Test of English Academic (PTE) with a score of 56.

For applicants who are proficient in the Spanish language:

Actualmente en la región que sirve ASU, se necesitan profesionales de la salud que hablen español. Por favor, indique aquí si usted tiene esta habilidad. Se da crédito adicional a los candidatos que puedan demostrar esta competencia.

Spanish proficiency documents include one of the following:

- Praxis II – Spanish: World Language (minimum score 168)
- ACTFL-OPI (Oral Proficiency Interview) (minimum score "Advanced Low")

I hereby affirm that all information supplied on this application is complete and accurate. It is my understanding that I will not be considered for admission to this program until I have submitted all requirements specified above.

Date

Signature

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MRI SHADOWING FORM

Student Name _____

A-State Student ID Number _____

_____ completed a shadowing experience in the Magnetic

Resonance (MRI) Department at _____

on _____.

Staff Signature/Position

Date

Email Address

Phone Number

Additional Comments: