



MANDATORY APPLICANT QUESTIONNAIRE NUCLEAR MEDICINE, DIPLOMA

Admissions

3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

Instructions: 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to BCIT.

- This form is a program entrance requirement and must be submitted at the time of application.
- You must save this form to your computer and upload the completed version to your online application.
- The program area will review your responses to ensure they meet the minimum application criteria; please use proper English, grammar, and punctuation.

Please see Nuclear Medicine entrance requirements : bcit.ca/programs/nuclear-medicine-diploma-full-time-6700dipl/#entry

| | | |
|---------------------|-------------------------------|-------------------------------|
| Your BCIT ID Number | Legal First Name (given name) | Legal Last Name (family name) |
| Email | | Phone |

REASONS FOR SELECTING PROGRAM

Discuss the reason(s) you applied to this program and what knowledge, skills and abilities you hope to gain by completing the program.

ACADEMIC & PROFESSIONAL EXPERIENCE

Do you have any relevant experience? If yes, what type of experience do you have? (Select all that apply)

- Employment (full-time or part-time)
- Post-Secondary education
- Volunteer experience, general
- Volunteer experience in related health care field
- Experience with patient care or customer service

Provide details of your academic, volunteer or work experience relevant to this program of study below. Include key activities/duties and specific examples of your involvement with patient care or customer service.

PERSONAL STRENGTHS

In detail, describe three personal strengths. Discuss how you developed each of these strengths, and how these strengths will contribute to your success in the program and/or as a Nuclear Medicine Technologist.

PERSONAL ACHIEVEMENTS

Briefly describe any personal awards, accomplishments, and/or achievements that you would like the Admissions Committee to know in considering your application.

DEPARTMENT USE ONLY

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| Approved By | Signature | Date (DD/MMM/YYYY) |
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