



Radiation Therapy Program

Reapplication Plan

Thank you for your interest in the OHSU Radiation Therapy Program.

The admissions requirements in our program are: a 3.0 GPA minimum, prerequisite completion, observation, personal statement, relevant letters of recommendation and a strong interview. Simply meeting those requirements is not enough to ensure acceptance to the Radiation Therapy Program. Each year the competition for available seats increases and we receive more applicants than we can admit. There are many highly skilled radiation therapists in the field that have had to reapply to our program. Even so, reapplication does not guarantee an interview or admission. If you met the initial requirements and would like to make a future application stronger, you are welcome to review and complete this form.

If you decide you do wish to reapply, we suggest that you **develop a plan to build on your strengths, improve any self-identified weaknesses in your application, and begin implementing your plan as soon as possible** in an effort to make yourself as competitive as possible for the subsequent admissions cycle. If you have specific questions remaining after you develop your reapplication plan, please email the program at rttprogram@ohsu.edu. The best time to email your reapplication plan is May through June. This time frame intends to give you ample time to fully develop and begin implementing your plan.

Completing this form is at the discretion of the applicant and submission does not guarantee an interview or admission.

INSTRUCTIONS:

1. Prior to completing this form, review the minimum application requirements, your academic record, and your prior application to the Program, including personal statement.
2. After review, complete **Sections 1-7** below. *Optional: attach any relevant supporting documentation (i.e., updated unofficial transcripts, course descriptions).*
3. Submit your signed form to the OHSU Radiation Therapy Program at rttprogram@ohsu.edu for internal review.

SECTION 1: PERSONAL INFORMATION

First Name		Last Name	
Email		Phone	

SECTION 2: APPLICATION HISTORY

Prior Application Year(s)		Prior Interview Date(s)	
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SECTION 3: APPLICATION STRENGTHS

List areas of your application/interview you believe were strong and why:

SECTION 4: AREAS FOR IMPROVEMENT

List areas for improvement and your plan toward completion:

SECTION 5: CONTINUING EDUCATION

If you plan to complete remaining prerequisites or retake coursework, list applicable courses below:

Prerequisite Name/Number	Institution	Term Completed/Projected	Grade Earned

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SECTION 6: CONTACT PREFERENCE

How would you like to be contacted to discuss your reapplication plan?

Email	_____	Phone	_____	Virtual	_____
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SECTION 7: REVIEW & SIGN

I have reviewed the instructions above and completed this form to the best of my ability. I understand that completing this form does not guarantee admission into the OHSU Radiation Therapy Program.

Applicant Signature		Date	
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SECTION 8: PROGRAM FEEDBACK