



**BELMONT**  
COLLEGE

## **Radiology TEAS Exam**

**Please Print**

**Name:** \_\_\_\_\_  
Last Name First Name Middle Name

**Belmont College Student ID:** \_\_\_\_\_

**Belmont College Email:** \_\_\_\_\_

**Contact Phone number:** \_\_\_\_\_

**Please submit this form with your \$90 testing fee to the Belmont College Business Office.**

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Office signature:** \_\_\_\_\_