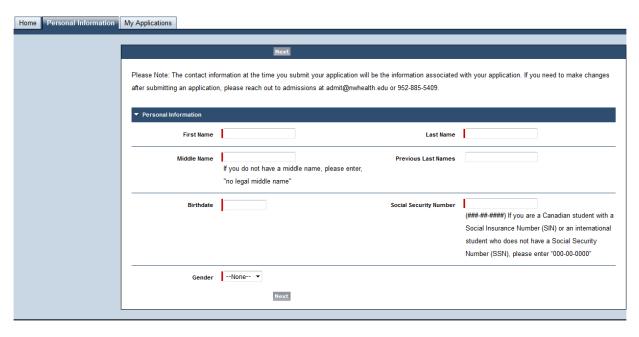
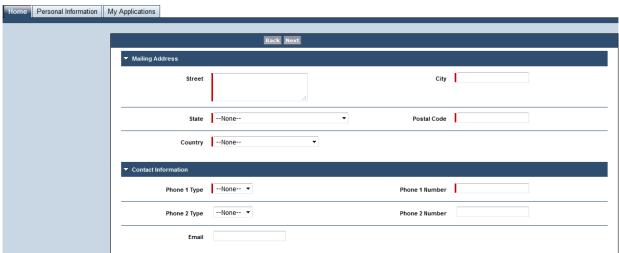
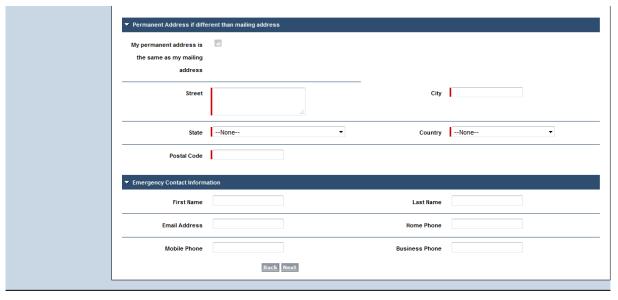


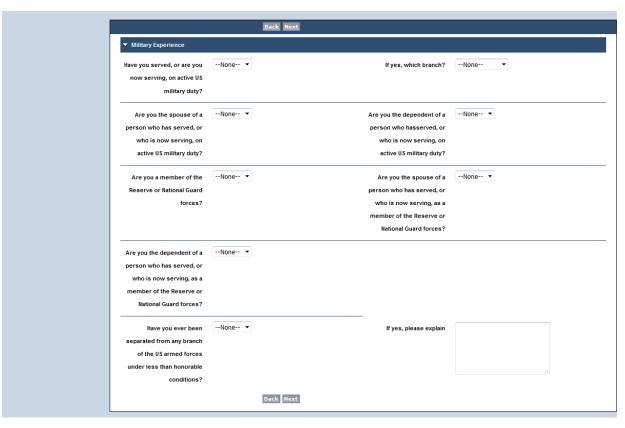
## **Radiation Therapy**



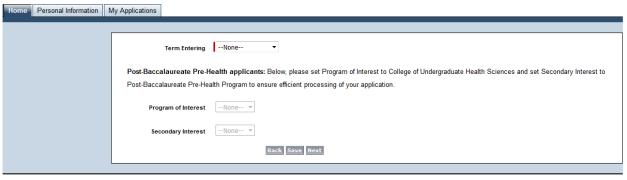




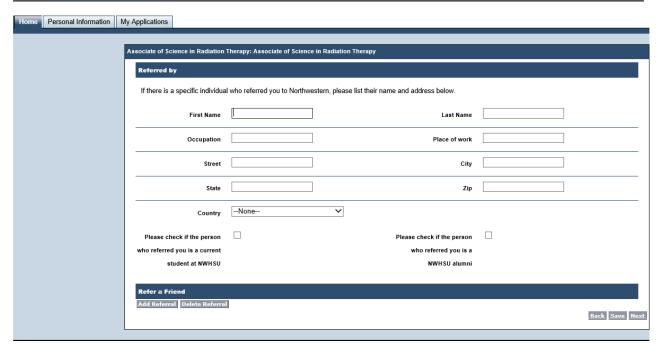
Home | Personal Information | My Applications

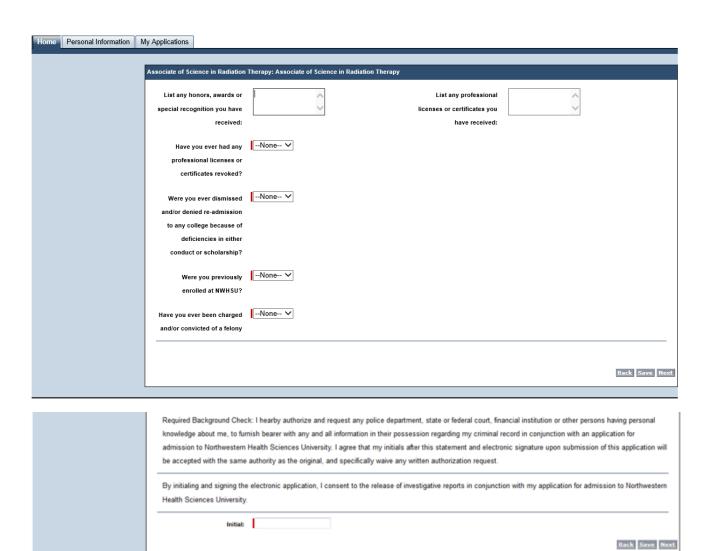


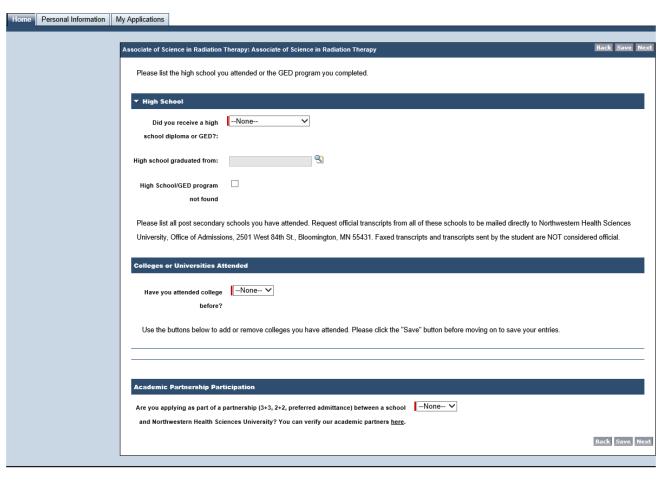


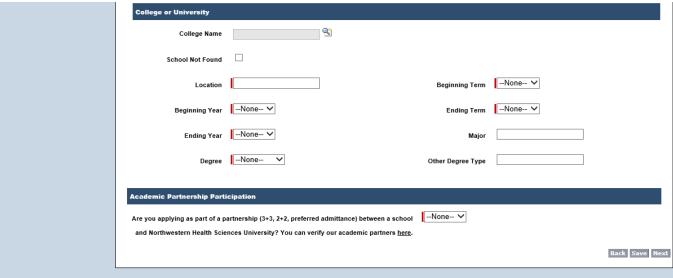




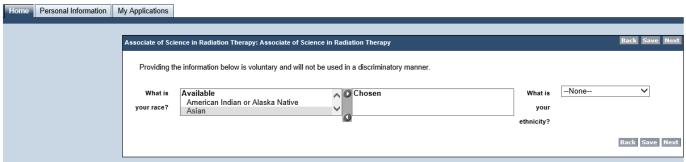


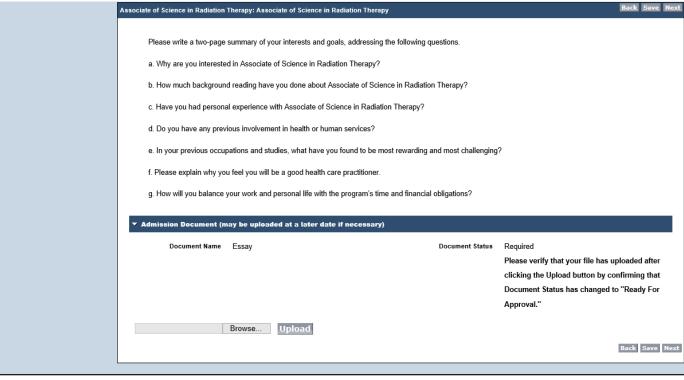






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Providing the information below is voluntary and will not be used in a discriminatory manner.	Provi	ing the information b	elow is voluntary and will	not be used in a discriminatory manner.		







Home	Personal Information	My Applications				
	Application Fee Payment					
		Please pay your application fee. The amount is \$50.				
		Once submitted, your application will be locked from further editing and reviewed by the Office of Admissions. Thank you for applying.				
		I agree to pay the payment as described.				
		Credit Card	None ✓			
		Credit card number:				
		Credit card CVV code:				
		Expiration Month:	none ✓			
		Expiration Year:	none ✓			
		Cardholder first name:				
		Cardholder last name:				
		Cardholder email:				
		Transaction Status:				
			Submit			