## VERIFICATION OF COMPLETED RESPIRATORY THERAPY APPLICATION REQUIREMENTS

Upon completion of the below criteria, please submit this form to the Admissions office by the 2nd Monday in June. Your file will not be reviewed until this form is submitted.

Name	Phone
Student # or Social Security #	Email
Completed MCCC application for admis	ssion
of Admissions by the date this form is s	d all official college transcripts must be on file at the Office <b>submitted</b> . <i>unselor in order to have your college transcripts evaluated</i> .
ACT, SAT, or COMPASS/ACCUPLAC of C (2.0) or higher, completed within 10	
Institution:	Semester/Year Completed:
transfer, with a grade of C $(2.0)$ or highe	I (BIOL 257); or equivalent MCCC college course, if er, completed <u>within 10 years</u> ; or waiver by program director. Semester/Year Completed:
*NOT REQUIRED TO APPLY* Proof of Certi	ifications/Licensure/Degrees (if applicable): State/Institution:
Students with above coursework in prog conditional acceptance into the program	gress may submit an application and may be offered a based on seat availability.
I verify the above information is corre	ect and completed.
Signature DO NO	Date Date Date
This section must be completed by Ijaz Ahmed, Director of Respiratory Therapy program prior to Admissions Office submission	

Attendance at: MCCC RT Info Session (1 point): \_\_\_\_\_\_ and/or Hospital Tour (1 point): \_\_\_\_\_\_

Recent health care work with at least 6 months experience (variable point value):\_\_\_\_\_

Previous RT alternate status (2 points):\_\_\_\_

Completion of this form does not guarantee a seat in the Respiratory Therapy Program. \*Criteria are subject to change with each catalog year\*