

VERIFICATION OF COMPLETED RESPIRATORY THERAPY APPLICATION REQUIREMENTS

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

Name _____

Student # or Social Security # _____ Email _____

Completed MCCC application for admission to which semester _____

High school transcript or GED scores and all official college transcripts must be on file at the Office of Admissions **by the date this form is submitted**.

You must first meet with an MCCC Counselor in order to have your college transcripts evaluated.

Completion of Intermediate Algebra (MATH 151), or higher-level math; or qualifying score on ACT, SAT, or COMPASS/ACCUPLACER exam, or equivalent MCCC college course with a grade of C (2.0) or higher, completed within 10 years, or waiver by program director.

Institution: _____ Semester/Year Completed: _____

Completion of Anatomy and Physiology I (BIOL 257); or equivalent MCCC college course, if transfer, with a grade of C (2.0) or higher, completed within 10 years; or waiver by program director.

Institution: _____ Semester/Year Completed: _____

I verify the above information is correct and completed.

Signature

Date

DO NOT WRITE BELOW THIS LINE

This section must be completed by Helen Stripling, Director of Respiratory Therapy program prior to Admissions Office submission

Attendance at MCCC RT Info Session 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.