## 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	Phone
Student # or Social Security #	Email
Completed MCCC application for admission	
of Admissions by the date this form is submitted	ficial college transcripts must be on file at the Office ted.  in order to have your college transcripts evaluated.
of C (2.0) or higher, completed within 10 years,	m, or equivalent MCCC college course with a grade
Completion of Anatomy and Physiology I (BIO) transfer, with a grade of C (2.0) or higher, comp	L 257); or equivalent MCCC college course, if eleted within 10 years; or waiver by program director.
Institution: Semest	ter/Year Completed:
*NOT REQUIRED TO APPLY* Proof of Certifications Credential/Degree:  Date Completed/Expiration Date:	State/Institution:
Students with above coursework in progress maconditional acceptance into the program based	· · · · · · · · · · · · · · · · · · ·
I verify the above information is correct and	completed.
Signature DO NOT WRIT	Date E BELOW THIS LINE
This section must be completed by Ijaz Ahmed, Director of Res	piratory 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	e (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\*