MAYSVILLE COMMUNITY & TECHNICAL COLLEGE

APPLICATION

RESPIRATORY CARE PROGRAM

2013-2014

Dean of Student Affairs
Maysville Community & Technical College
Rowan Campus
609 Viking Drive
Morehead, KY 40351

Date _____ Student ID# _____

Name _____

Security Number(REQUIRED) _____

Phone #_____ Email _____

I wish to apply for admission to the Associate Degree Respiratory Care Program at Maysville Community & Technical College, Rowan Campus, beginning in the Spring Semester.

Application materials received after **November 15, 2013** will not be considered and application will be considered incomplete. GPA is based on all college work completed prior to **November 15** (e.g., Dec., Jan., Fall Semester prior).

PLEASE READ AND NOTE

1. A 2.50 GPA and (an 18 on the *ACT in each area of Reading, Math, and English) or (an equivalent Compass score) is required. Lower GPA's and ACT/Compass are encouraged to take additional work and repeat the ACT/Compass prior to **November 15, 2013.**

2. Students with concern regarding previous academic work earned at institutions outside the KCTCS system should contact the Dean of Student Affairs Office.

Rev. 04/02/2013

I know I must have the following credentials on file by **November 15, 2013** to be considered for the Respiratory Care Program:

_____ Application for admission to college

_____ High school transcript or GED Scores

_____ ACT _____Compass

_____ Completion of BIO 137 and MT150 or MT 110 with a grade of "C" or better

Transcripts of any post-secondary education:

_____ Name of School

_____ Name of School

Yes No Forms to document observation time

Yes No Documentation of attendance at a respiratory care preadmission conference or meeting with the respiratory coordinator

_____
Signature of Applicant

_____
Admissions/Records personnel checking the file