

Course Number	Completed	Institution (i.e. Colorado Mesa University)	Semester (i.e. Fall 2024)
	(*must be completed in last 10 years) Yes      No      In Progress		
*BIOL 209/ *BIOL 209L			
*BIOL 250/ *BIOL 250L			
*CHEM 111			
ENGL 111			

ENGL 112 or SPCH 101 or SPCH 102			
MATH 113			
KINA (Activity Class)			
KINE100			
PSYC 150 or PSYC 233			

\*\*Attach a separate document with course listings, if necessary.

9. Please indicate if you have a prior degree: **A.A. A.S. A.A.S. B.A. B.S. Other**\_\_\_\_\_

The admissions committee reserves the right to select applicants who shall be admitted. Acceptance is contingent upon receipt of ALL required application materials by the Department of Health Sciences and the completion of all general education and prerequisite requirements. Maintaining acceptance into the Respiratory Therapy (RT) is contingent upon passing a CBI background check.

This application and all supporting materials must be received by the Department of Health Sciences no later than the March 1 deadline for admission consideration to the RT program.

I certify that all the information on this application form is accurate and complete. Concealment or facts or false statements may result in dismissal from the program. Further, I am granting permission for the Department of Health Sciences to access my Colorado Mesa University records; including, but not limited to transcripts and transcript evaluations from the Office of the Registrar.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

(Electronic submission via CMU email address indicates personal signature)