

Department of Health Sciences

Application for AAS

Respiratory Therapy Program

	-	plication MUST be su		•	eman by March 1
1.	Full legal name:				
		Last	First	Middle	Maiden Name
2.	CMU ID# (assigne	ed upon acceptance to Colo	orado Mesa University)	700	(DO NOT leave blank)
3.	Mailing address:	Street Address			
		City		State	Zip
4.	Cell phone numl	ber:	Alternate	e phone number:	
5.	Email address:		@mavs.colorad	lomesa.edu	
	If yes, please state ty	ious work experience a ype of work experience a (Example: CNA, LPN,	and attach copies of ce	rtification and/or licens	e.
7.	Have you applied If yes, when?	l to the Respiratory Th	nerapy program befo	ore? YES NO (Choose	One)

8. Check off all classes you are currently enrolled in and courses you have completed.

If you completed courses at a different institution, please include the course number in that field.

Course Number	Completed (*must be completed in last 10 years) Yes No In Progress			Institution (i.e. Colorado Mesa University)	Semester (i.e. Fall 2024)
*BIOL 209/ *BIOL 209L	100		III I TOGICOO		
*BIOL 250/ *BIOL 250L					
*CHEM 111					
ENGL 111					

Signature:(Electronic submission v	ria CMU email address indicates personal s	Date: ignature)	
Signatura		Data	
limited to transcri	ipts and transcript evaluations	from the Office of the Registrar.	
-	•	orado Mesa University records; including	g, but not
	•	the program. Further, I am granting perm	
•		on form is accurate and complete. Conce	
ociences no later (dian die march i deadine for a	admission consideration to the ICI progra	*1111,
		must be received by the Department of admission consideration to the RT progra	
m1	1 11		TT 1.1
into the Respirato	ory Therapy (RT) is contingent	upon passing a CBI background check.	
-	· ·	prerequisite requirements. Maintaining	acceptance
		ation materials by the Department of Hea	
The admissions co	ommittee reserves the right to se	elect applicants who shall be admitted. Ac	cceptance is
9. Please indicate	if you have a prior degree: A.A	a. A.S. A.A.S. B.A. B.S. Other	
**Attach a separat	te document with course listing	s, if necessary.	•
or PSYC 233			
PSYC 150			
KINE100			
KINA (Activity Class)			
MATH 113			
101 or SPCH 102			
ENGL 112 or SPCH			