

**APPLICATION
RESPIRATORY CARE PROGRAM**

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

Date _____ Student ID# _____

I, _____,

Phone # _____
NAME *Social Security Number(REQUIRED)*

Email _____

wish to apply to the Associate Degree Respiratory Care Program at
Maysville Community & Technical College – Rowan Campus beginning
Spring semester.

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

PLEASE NOTE AND READ

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

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

_____ Application for admission to college

_____ High school transcript or GED Scores

_____ ACT Composite or _____ SAT Composite

_____ Completion of BSL 110 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



