

# CASPER COLLEGE RESPIRATORY THERAPY APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT

1. Name \_\_\_\_\_  
(Last) (First) (Middle) Home Phone Number

2. Name \_\_\_\_\_  
(Different from above that may appear on your records) Work Phone Number

3. Social Security Number: \_\_\_\_\_

4. PresentAddress \_\_\_\_\_

5. PermanentAddress \_\_\_\_\_

6. HighSchool \_\_\_\_\_ (City) (State)  
Year Graduated \_\_\_\_\_

7. College and/or other post high school education attended:  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you applied to Casper College Yes \_\_\_ No \_\_\_  
(A completed Casper College application must be on file in the Admissions Office before your admission request can be processed).

9. In which courses are you now enrolled? \_\_\_\_\_  
Where? \_\_\_\_\_

MAIL THIS APPLICATION TO: Doug Neubert  
Casper College  
125 College Drive  
Casper, Wyoming 82601

Date \_\_\_\_\_ Signature \_\_\_\_\_ Year applying for Admission \_\_\_\_\_

**A) Please DO NOT apply before you have met the pre-requisites and have a cumulative college GPA  $\geq$  2.3 (See Checklist provided)**

**B) Deadline for application and transcripts submission is the first Monday in April.**