

CASPER COLLEGE RESPIRATORY THERAPY APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT

1. Name _____
(Last) (First) (Middle) Cell/Home Phone Number _____
2. Name _____
(Different from above that may appear on your records) e-mail Address _____
3. Social Security Number: _____
4. Present Address _____
5. Permanent Address _____
6. High School _____
Year Graduated _____ (City) (State)
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: Grant Hosking
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.