

**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? _____

10. Type of application: Traditional _____ Hybrid _____

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.