

# 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 \_\_\_\_\_  
(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? \_\_\_\_\_

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.**

Casper College provides equal opportunity in education and employment — [caspercollege.edu/nondiscrimination](http://caspercollege.edu/nondiscrimination)