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* _____
    *Must include a letter of acceptance from the host clinical site

MAIL THIS APPLICATION TO: Grant Hosking
Casper College
125 College Drive
Casper, Wyoming 82601

Date _____Signature _____ Year applying for Admission_____

A) Please <u>DO NOT</u> apply before you have met the pre-requisites and have a cumulative college GPA ≥ 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