

FUNDAMENTALS OF THE RESPIRATORY THERAPY PROFESSIONAL PHASE APPLICATION FORM Please email to alliedhealthdept@ccm.edu

Fall Semester

Filing Deadline - March 15th

PLEASE PRINT:	
Name:	Student ID:
Address:	County:
Please Check One: I am currently enrolled in the Respiratory Therap	N/ Curriculum
I have filed a Change of Major into the Respiratory	
I have filed a Second Degree form to be enrolled	
who have already graduated from CCM)	
I am not in the Respiratory Therapy major but ha	ave been cleared to apply by
the Chairperson of Respiratory Therapy	
Please initial each line indicating that you have or will	have satisfied the following criteria BEFORE
the Fall semester:	
1. I have been officially accepted for admission to	-
2. I have successfully completed all required dev	-
3. I will complete and/or transfer in the following	
	y and Physiology I and II, Intro to Chemistry or
General Chemistry I, & Microbiology. Other Co	
Health and Wellness. Transfer credits must b	s Elective, General Psychology and 2 credits of
Registration by the filing deadline.	e processed by the office of Records and
I have transfer credit from the following institution(s):	
I have a prior academic degree conferred from the follo	owing institution(s):
4. I have a minimum cumulative grade point ave	rage at CCM of 2.5. All grades are a "C" or better
and the sciences have been completed during	
5. I acknowledge that due to the competitive na	
	sed on the number of courses completed at CCM,
	nd the overall institutional GPA at the time the
	completing the above steps does not guarantee
enrollment in the program.	professional phase will be required to submit to a
Criminal History Background Check (CHBC) a	
clinical partners. The CHBC will occur on an a	
	I phase of the program may be denied. If at any
time after acceptance into the professional ph	
criminal history background record, it may res	
I would like to be considered for a seat in the Re	
Initial	Year

Signature