



Department of Health Sciences

Application for AAS

Respiratory Therapy Program

Please Note: This application **MUST** be submitted in **PDF** format from your **CMU email** by Apr 30th

1. Full legal name: _____

Last
First
M.I.
Maiden Name

2. CMU ID# (assigned upon acceptance to Colorado Mesa University) 700_____ (DO NOT leave blank)

3. Mailing address: _____ Apt. # _____

Street Address

City
State
Zip

4. Cell phone number: _____ Alternate phone number: _____

5. Email address: _____@mavs.coloradomesa.edu

6. Do you have previous work experience and/or certification in a health care field? **YES NO** (Choose One)
 If yes, please state type of work experience and attach copies of certification and/or license.
 Type of experience: (Example: CNA, LPN, RN, etc...) _____

7. Have you applied to the Respiratory Therapy program before? **YES NO** (Choose One)
 If yes, when? _____

8. Check off all classes you are currently enrolled in and courses you have completed.
 If you completed courses at a different institution, please include the course number in that field.

Course Number	Completed			Institution (i.e. Colorado Mesa University)	Semester (i.e. Fall 2024)
	(*must be completed in last 10 years)				
	Yes	No	In Progress		
BIOL 209/ BIOL 209L					
BIOL 250/ BIOL 250L					
CHEM 131/ CHEM 131L					
ENGL 111					

ENGL 112 or SPCH 101 or SPCH 102			
MATH 113			
KINA (Activity Class)			
KINE100			
PSYC 150 or PSYC 233			

*Attach a separate document with course listings, if necessary.

9. Please indicate if you have a prior degree: **A.A. A.S. A.A.S. B.A. B.S. Other** _____

The admissions committee reserves the right to select applicants who shall be admitted. Acceptance is contingent upon receipt of ALL required application materials by the Department of Health Sciences and the completion of all general education and prerequisite requirements. Maintaining acceptance into the Respiratory Therapy (RT) is contingent upon passing a CBI background check.

This application and all supporting materials must be received by the Department of Health Sciences no later than the April 30 deadline for admission consideration to the RT program.

I certify that all the information on this application form is accurate and complete. Concealment or facts or false statements may result in dismissal from the program. Further, I am granting permission for the Department of Health Sciences to access my Colorado Mesa University records; including, but not limited to transcripts and transcript evaluations from the Office of the Registrar.

Signature: _____ Date: _____

(Electronic submission via CMU email address indicates personal signature)