

Muskegon Community College

Respiratory Therapy Program Admission Application

**** Please Note: You Will Not Be Placed on The "Ready" List For Admissions To The RT Course Sequence Until You Have Met The Entry Requirements****

This form is to be completed in addition to the general admission and is to be submitted to the Respiratory Therapy Department, or faxed to: (231) 777-0490, or sent by email to: rt@muskegoncc.edu. If your address or phone number changes it is your responsibility to contact the College to update our records.

Name: Last _____ First _____ Middle _____ Maiden _____
 Address: Street (Incl. Apt. #) _____ City _____
 State _____ Zip Code _____ Home Phone (____) _____ Date of Birth _____
 MCC Student ID #: _____ Social Security #: _____ Drivers License #: _____
 Email Address: _____

TYPE OF ADMISSION REQUESTED

Beginning Advanced Placement Level – RT _____ (Only for those having completed prior RT courses.)

I intend to enter the Respiratory Therapy Sequence _____.
(Year) (Semester)

Michigan Legal Requirements

I agree to a criminal background check Yes No
 Have you been convicted of a misdemeanor in the past 10 years? Yes No
 Have you been convicted of a felony within the past 15 years? Yes No
 Have you ever been treated for substance abuse in the past two years? Yes No
 Has legal address been outside the state of Michigan within the last 3 years? Yes No
 The Above Information is Correct to the Best of my Knowledge (Signature): _____

 (Below this line Official Use Only)

Date	Initial	Communication Log

Application Received on: Date: _____ Time: _____ Initials: _____