FIRELANDS COLLEGE/BGSU
APPLICATION FOR ADMISSION
to the
RESPIRATORY CARE TECHNOLOGY PROGRAM

(Please print clearly)

1. Name ______________________________________________________________________
   (Last)                           (First)                      (Middle)                   (Maiden/Former)

2. Address ____________________________________________________________________
   (No.)   (Street)     (Apt.)
   ____________________________________________________________
   (City)   (State)     (Zip)

3. Phone (      )       - _______

4. Date of Birth ____ / ____ / ________

5. Sex: ____ male
       ____ female

6. Have you ever attended BGSU or another college or university?
   ____ yes ____ no   (If no, skip to #8)
   a. If so, do you hold a degree?   ____ yes ____ no
      Type of degree/major?   __________________________
      From where?   __________________________
      Date received?  _______________
   b. If you attended BGSU or another college, university or other post-secondary institution,
      provide the following information:   (List in chronological order.)

      Name of Institution   Location   Dates   Credits earned
      _____________________   _________   ____ to ____   ____ qtr./sem. hrs.
      _____________________   _________   ____ to ____   ____ qtr./sem. hrs.
      _____________________   _________   ____ to ____   ____ qtr./sem. hrs.

7. If you are currently attending Firelands College, have you declared Respiratory Care as your major?   ____ yes ____ no
   If not, what was your major? ________________________________

I certify the information hereon is complete, accurate, and true to the best of my knowledge.
I understand that any misrepresentation of facts hereon could be cause for refusal of admission to or dismissal from the Respiratory Care Technology Program is discovered subsequently.

_________________________________      _______________________
Signature of Applicant        Date