

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

(Please print clearly)

1. Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden/Former)

2. SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Address \_\_\_\_\_  
(No.) (Street) (Apt.)  
\_\_\_\_\_  
(City) (State) (Zip)

4. Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

5. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

6. Sex: \_\_\_\_ male  
\_\_\_\_ female

7. 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.)

<u>Name of Institution</u>	<u>Location</u>	<u>Dates</u>	<u>Credits earned</u>
_____	_____	_____ to _____	_____ qtr./sem. hrs.
_____	_____	_____ to _____	_____ qtr./sem. hrs.
_____	_____	_____ to _____	_____ qtr./sem. hrs.

8. 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