

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