

BGSU Firelands
Bachelor of Science in Respiratory Care

Program Admission Application

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Personal Email: _____

BGSU Email (if applicable): _____@bgsu.edu

What is your preference for method of contact? Mark all that apply.

____ Text

____ Call

____ Email

____ Any method is fine.

Are you a current BGSU student? _____

Have you ever attended BGSU or another college/university? _____

Please list college/university (if applicable):

Have you received a degree from BGSU or another college/university? _____

Please list college/university, degree, and major (if applicable):

If you have attended a college or university other than BGSU, please attach a copy of your unofficial transcript. An official transcript will need to be sent to BGSU upon admission to BGSU Firelands and/or the respiratory care program.

I certify this information is correct, accurate, and true to the best of my knowledge. I understand that any misrepresentation of facts could be cause for refusal of admission or dismissal from the respiratory care program.

I am aware that I will need to submit a criminal background check as a condition of my acceptance into the respiratory care program. I am also aware that I will need to complete all health requirements for admission into the clinical portion of the program. These requirements can be found in the Program and Clinical Policies posted online or upon request.

Signature of Applicant

Date