

College and/or
Post High School Education

Name of College

Years Attended

Degrees

_____	_____	_____
_____	_____	_____

*Note official college transcripts from all colleges attended must be on file in the Admissions and Records office before starting the program. It is highly suggested that you make an appointment with a college counselor after submitting the application to verify all General Education and Major Requirements are fulfilled before entering the program.

How did you hear about the field of Respiratory Therapy?: _____
How did you hear about our Respiratory Program?: _____

PLEASE COMPLETE FOR STATISTICAL PURPOSES ONLY:

Work experience in the health care field? ___ Yes ___ No

If yes, where and dates of employment. _____

ON A SEPARATE SHEET OF PAPER, PLEASE RESPOND TO THE FOLLOWING THREE STATEMENTS:

1. *I chose a health care field because?*
2. *I want to become a Respiratory Therapist because?*
3. *I wish to attain the following goal(s) within the next five years?*

IMPORTANT

Students in **ALL** programs will be required to complete the background check and urine drug screen. **THIS IS A HOSPITAL/HEALTH AGENCY REQUIREMENT.** Students will be given the information to obtain these requirements upon admission to the program.

Please send or email this application and official transcripts to the Grossmont College Respiratory Therapy Program at the address below or return it in person to the RT Office.

GROSSMONT COLLEGE
Respiratory Therapy Program
8800 GROSSMONT COLLEGE DRIVE
EL CAJON, CA 92020-1799
(619) 644-7448
carolina.cruz@gcccd.edu
www.grossmont.edu/healthprofessions

Date: _____

Signature: _____