

RESPIRATORY THERAPY PROGRAM APPLICATION PACKET

MOUNTAIN EMPIRE COMMUNITY COLLEGE

ENROLLMENT SERVICES/ADMISSION • 3441 MOUNTAIN EMPIRE RD • BIG STONE GAP, VA 24219

Applications for the respiratory therapy program will be accepted from August 16, 2009 through May 1, 2010, or until the program is filled. An official copy of all high school and college transcripts must be submitted to Enrollment Services before application is processed.

Applicants will receive notification of admission status after August 16, 2009.

Name _____

Address _____ City _____ State _____ Zip _____

Empl ID _____ SS# _____ Phone _____

I request that my name be placed in consideration for admission to the Respiratory Therapy Program for the 2010-2011 school year. I understand that I must submit a copy of this form for each year I wish to be considered.

I understand that I must satisfactorily complete (grade of "C" or better) all prerequisites and meet GPA requirements prior to being admitted.

Have you lived in the Virginia jurisdiction of Lee, Wise, Scott, Dickenson County, or the City of Norton during the last 12 consecutive months? Yes No

Please read the residency information provided on the back and sign and date this form.

Did you attend credit classes at MECC before Fall Quarter 1984? Yes No

Please list all colleges attended since high school.

Last College Attended	State	Degree Received	Last Year Attended	Academic Standing at Last College
				<input type="checkbox"/> Good Standing <input type="checkbox"/> Probation <input type="checkbox"/> Suspended <input type="checkbox"/> Dismissed

IMPORTANT: Your high school and/or college transcript must indicate a grade of 'C' or better in algebra I and either biology, chemistry, or physics. Algebra I part 1, basic algebra, applied biology, and consumer chemistry do not satisfy pre-requisite requirement. Algebra I parts 1 and 2 will satisfy the algebra I requirement. If you do not have a 'C' or better in high school and/or college pre-requisite courses we will suspend processing your application at this time and you must schedule a meeting with the Respiratory Therapy faculty immediately to develop a plan to complete the pre-requisites. The respiratory therapy faculties are Mike Cook and Roger Thompson. You may reach them by phone at 276-523-2400 ext. 277 or 302 respectively. Their emails are mcook@me.vccs.edu or rthompson@me.vccs.edu.

RESIDENCY REQUIREMENTS

RESPIRATORY THERAPY APPLICANTS

Applicants who have lived permanently in the following jurisdictions for twelve months prior to June 1, 2010 will receive priority consideration for admission as long as they meet the minimum admission requirements:

Virginia: Lee, Wise, Scott, and Dickenson Counties, and the City of Norton

Tennessee: Sullivan, Washington, and Hawkins Counties

Kentucky: Letcher County

Residents from all other jurisdictions will not be admitted unless space remains available after these have been admitted. Although we welcome admission applications from students from other jurisdictions, based on recent experience, it is unlikely that students from a jurisdiction other than the locations listed above will gain admission to the program.

If you have a question regarding your jurisdiction status, please contact Enrollment Services immediately upon applying to the program.

I have read and understand the residency requirements listed above. I also understand that if I do not meet jurisdiction requirements that I should meet with a faculty advisor to discuss other educational opportunities.

Signature

Date

OFFICE USE ONLY:

Algebra I:

Bio/Chm/Phy:

Overall 'C' Average:

Student notified of pre-requisites lacking. Date: _____

Student completed pre-requisites and requested processing continue. Date: _____

Student notified of admission to program. Date: _____

Student accepted admission to program. Date: _____