Springfield Technical Community College
Respiratory Care Program
Admission Checklist 2022

**This PRINTABLE form must be MAILED or EMAILED to the Admissions Office**
(Electronic version which can be completed and submitted online is available on program website)

Instructions-Please read carefully.

- Complete all items on both sides. If not applicable, enter N/A in the appropriate box, do not leave anything blank. All requirements must be completed, or in progress in order to apply.
- This is a checklist, please refer to the program website for detailed information. You must also complete the STCC COLLEGE APPLICATION or complete a CHANGE of MAJOR FORM
- After you have completed each section, sign and MAIL or EMAIL this form to the Admissions Office. Review will begin after March 31st, applications will be accepted until the program is full.

Admissions Office
Springfield Technical Community College
One Armory Square-PO Box 9000
Springfield, MA 01102-9000
Admissions@stcc.edu

For additional information regarding applying to the college, please visit www.stcc.edu/apply

Name (print legibly)_________________________________________________________________

If you are a current or former STCC student, please list ID#________________________________

Address____________________________________________________________________________

City/State_________________________________________Zip code_____________Country________

Telephone number____________________________Email____________________________

If there are any extenuating or unusual circumstances related to your application, please note below
____________________________________________________________________________________
____________________________________________________________________________________

My signature below indicates that ALL admission requirements for the Respiratory Care program have been completed or are in progress as indicated on the reverse page. The information I have provided is accurate, I understand it will be verified by the admission office.

Student applicant signature_______________________________________Date__________________
Respiratory Care
Admission Checklist 2022

<table>
<thead>
<tr>
<th>Admission Requirement</th>
<th>Check appropriate response</th>
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<tbody>
<tr>
<td>1. Complete STCC College Application, with a request for Respiratory Care</td>
<td>____Application for Admission or Change of Major submitted online</td>
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<tr>
<td>2. Official High School Transcript, HiSet or GED</td>
<td>____Official document provided</td>
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</tbody>
</table>
| 3. **Math**-HS Algebra 2 with C or better or completion of MAT-097 or college level (100 or higher) math with a C or better, or placement exam score of MAT-101 or higher(within 7 years) | Course name/number:  
Where/when taken:  
Grade: |
| 4. **Biology**-A & P 1 (BIO 231)with a C or better | Course name/number:  
Where/when taken:  
Grade: |
| 5. **English**-4 years of HS English with a C or better or completion of DWT-099 or College level English with C or better or Placement exam score of ENG101 or higher | Course name/number:  
Where/when taken:  
Grade: |
| 6. **Medical Terminology**-Completion of a 3 credit, college level Med Term, grade of C OR passing score on challenge exam** | Course name/number:  
Where/when taken:  
Grade: |

*Course work with designated time frames **must be current relative to the start** of the program.
**Challenge exams can only be taken by enrolled STCC students

Additional Information-Applicants who complete the following will strengthen their application.

<table>
<thead>
<tr>
<th>Course</th>
<th>Grade</th>
<th>Semester/Year taken</th>
<th>Taken At STCC</th>
<th>Where was this completed if not STCC? (list college)</th>
<th>Document been submitted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>College ENG 1</td>
<td></td>
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<tr>
<td>College ENG 2</td>
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<tr>
<td>A &amp; P 2 with lab</td>
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<tr>
<td>Microbiology</td>
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<td>Psychology</td>
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</table>

Have you earned a previous degree? Y/N  
If Yes, list here ____________________________________________________________

Do you have work experience in the healthcare industry? Y / N (submit official health care experience verification form found on the program website)