

Respiratory Care Program Advising Worksheet

Please use this worksheet to determine your eligibility to apply for upcoming enrollment into the Respiratory Care program. Upon completion, please email the completed form to respiratory@kumc.edu and an advisor with the Respiratory Care program may contact you regarding future enrollment.

Please Note: This is **not** the application to apply for enrollment into the Respiratory Care Program.

Application Deadline: February 1st (Priority) – Applications may be considered after the priority deadline based on program availability.

Program Start Date: Fall semester following the application deadline.

Name _____ Date _____ Email _____

Are you a current KU student? Yes No

Are you currently enrolled in another university or community college? Yes No

If yes, please list: _____

GENERAL REQUIREMENTS: All items in this section must be checked:

- Current 2.5 GPA (4.0 Scale) **AND** 'C' or better in each course
- Have at least 60 credits including previously completed, in-progress, and pre-requisite courses
- Plan to have an application submitted by the Priority Deadline of February 1st

PRE-REQUISITE REQUIREMENTS: All items in this section must be completed prior to the start of the program. If from another university or college, please visit <https://credittransfer.ku.edu/> to determine previously taken courses that fulfill these pre-requisite requirements. Total credits required by course in parenthesis (#).

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> ENGL 101 (3) <input type="checkbox"/> ENGL 102/BUS 305 (3) <input type="checkbox"/> MATH 101(3) <input type="checkbox"/> MATH 365*, 104, 105, 115, 125, 145, PSYC 210(3) <input type="checkbox"/> BIOL 200/203 (LAB PREF) (5) <input type="checkbox"/> BIOL 240/241 (LAB REQUIRED) (4-5) <input type="checkbox"/> BIOL 246/247 (LAB PREF) (4-5) <input type="checkbox"/> CHEM 110 (5) | <ul style="list-style-type: none"> <input type="checkbox"/> PHSX 114 OR GOAL 3 (3) <input type="checkbox"/> COMS 130/322/ARCH 215 (3) <input type="checkbox"/> PHIL 140 OR 160 (3) <input type="checkbox"/> HUM 204 OR GOAL 4.2 (3) <input type="checkbox"/> PSYC 104 (3) <input type="checkbox"/> SOC 104 (3) <input type="checkbox"/> HEIM 230 (3) <input type="checkbox"/> RESP 200 (1) |
|---|--|

**Preferred*

SUPPLEMENTAL QUALIFICATIONS: Please select any additional qualifications that you have that could improve your application:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> CNA/EMT/other medical license _____ <input type="checkbox"/> AS or BS from a regionally accredited university | <ul style="list-style-type: none"> <input type="checkbox"/> Additional science courses w/ 'C' grade or better <input type="checkbox"/> OTHER _____ |
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STUDENT PLAN FOR COMPLETING OUTSTANDING COURSES TO MEET 60 CREDIT REQUIREMENT:

COURSE _____	SEMESTER _____	CREDITS _____
COURSE _____	SEMESTER _____	CREDITS _____
COURSE _____	SEMESTER _____	CREDITS _____
COURSE _____	SEMESTER _____	CREDITS _____
COURSE _____	SEMESTER _____	CREDITS _____