

RVC Respiratory Care Program Admission Application

Please complete all sections.

Respiratory Care (AAS):
____ Due by March 15 (fall admission)

RVC Student ID: _____

**Associate Degree Respiratory Care
(Curriculum #5200) / OFFICE USE ONLY**

Application Received:

Advisement:

____ I have watched the Information Session video on the RVC Respiratory Care page.
____ I have consulted with an academic advisor.

Last Name: _____ First Name: _____

Middle Initial: _____ Other Last Name(s): _____

Current Resident Address / Street: _____ City: _____

State: _____ Zip: _____ County: _____

Current Resident Phone: _____ Cell Phone: _____

Email Address: _____

By providing above email it gives Rock Valley College permission to use.

Current Employer: _____ Work Phone: _____

By providing work phone number it gives Rock Valley College permission to use.

Please check that you have completed the following requirements before application submission:

____ Official High School transcript or High School Equivalency Certificate on file in the Records Office.

____ Official *current* transcripts from all colleges/universities attended on file in the Records Office.

____ Minimum Overall Pre-Requisite GPA of 2.0:

____ BIO 185 or 281/282, Anatomy and Physiology – semester/year completed: _____

____ BIO 274, Microbiology – semester/year completed: _____

____ HLT 110, Medical Terminology – semester/year completed: _____

____ ENG 101, Composition I – semester/year completed: _____

Highly recommended to complete *prior* to program admission, but may be taken during the program:

____ Co-Requisite – SPH 201 Interpersonal Communication OR SPH 131 Communication Fundamentals

____ General Education Elective (three credit hours of elective credit, may include BIO 171, FWS 237, PHL 153, PHL 256, or PSY 170) – indicate elective credits taken: _____

Colleges Attended

List all colleges attended, excluding RVC, and attach sheet if more lines are needed.

College (1): _____ Date (1): _____

College (2): _____ Date (2): _____

College (3): _____ Date (3): _____

An official transcript with a request to evaluate transcript must be submitted to the Records Office for all institutions attended. A Rock Valley College transcript is not required.

Health Care Work Experience

Employer (1): _____ Location (1): _____

Dates Worked (1): _____ Type of Work (1): _____

Employer (2): _____ Location (2): _____

Dates Worked (2): _____ Type of Work (2): _____

Have you ever volunteered or worked for pay in a social service/health care facility?

No ____ Yes ____ If yes, please describe your function:

Application Signature

The above information is true to the best of my knowledge. Purposely offering false or misleading information may be grounds of denial of admission to the RVC Respiratory Care Program.

It is the policy of Rock Valley College neither to tolerate sexual harassment in any form nor to discriminate on the basis of sex, age, race, creed, religion, national origin, disability status, or sexual orientation in its educational programs, activities, or employment practices. Inquiries regarding compliance may be directed to the Vice President of Student Services at Rock Valley College at (815) 921-4281.

Signature: _____ Date: _____

Admission is based on a complete application.

Submit completed applications by email to
RVC-HealthSciencesApplications@RockValleyCollege.edu