Respiratory Care Program

Application for Admission for Changeof Area
For Current NCC Students Only
Students who have never attended NCC must apply through the Admissions Office.

Email Completed Applications T@atricia.Goodwin@ncc.edu

REQUIREMENT GRADE

Name of Candidate:			-	
Email:			Banner ID#: <u>N00</u>	
Street Address:				
City:		State:	Zip:	
Home Phone	Work Phone: _		Cell Phone:	
High School Attended:		Y	ear of HS Graduation:	
Current NCC Area of Concentration: _				
Total NCC Credits to Date:		Current NCC Cu	um.:	
Other Colleges Attended:None or	· list below			
ADMISSION REQUIREMENTS CO	MPLETED: Su	ıbmit Unofficial Co	pies of Transcripts of	All Coursework

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SPECIAL NOTICE

For currently enrolled Non-Degree students seeking admission to Respiratory Care

In addition to completing the above, the following documents must be submitted to the Office of the Registrar by the application deadline:

- 1. Official high school transcript (if npteviously submitted to Registrar)
- 2. Official transcripts from ALL colleges previously attended (if not previously submitted to Registrar)
- 3. Students with international academic transcripts must submit a cobysecurse credential evaluation by WES.org or IESAACRAO.org.
- 4. Official AP/IB scores or CLEP exam if you have previously taken these tests or exam.
- 5. Review of transfer credits form for students with college credits.

Candidate Statement

(Optional)

In the space below, candidates may enter a typewritten statement (maximum length, 1 page) describing why they dethine to enter profession of respiratory care. Neither candidate statements nor lettecs of mendation are required as part of the application

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