

# Secondary Admission Application

Allied Health Sciences major

Respiratory Care Emphasis: GVSU to MCC Program

Students interested in beginning the Respiratory Care emphasis must meet specific academic requirements and submit this secondary admission application. **Priority consideration will be given for applications submitted by February 29th.** Applications will be received until all seats are filled. Application requirements

- Completion of Respiratory Care application
- *Minimum* GPA of 2.5 required with no grade less than "C" in the prerequisite courses: BIO 120, CHM 109, MTH 110. BMS 250 must be completed with "C" or higher before Fall entry
- Submission of 2 recommendation forms from professional references
- Official transcript(s) from all non-GVSU colleges/universities attended (we already have your GVSU transcripts).

Name:		G#:	
GVSU email:		# credits earned: (include current semester)	
Summer mailing address:		Phone #:	

Have you applied to GVSU\*? Yes\_\_\_\_ No\_\_\_\_

If yes, for what semester were you admitted?\_\_\_\_\_

***\*Students must apply to GVSU at least 30 business days prior to the start of the semester.***

I have reviewed the requirements for admission consideration into the Respiratory Care emphasis and understand that:

1. Completion of this application does not guarantee that I will be accepted into the emphasis.
2. Admission to the GVSU undergraduate program does not guarantee admission to a graduate program.

Applicant's Signature\_\_\_\_\_ Date\_\_\_\_\_

**Submit completed application and supplemental materials to the following address:**

Grand Valley State University, Allied Health Sciences Department  
Respiratory Care Admissions/GVSU-MCC Program  
515 Michigan Street NE, Suite 200  
Grand Rapids, MI 49503

**ALLIED HEALTH SCIENCES with RESPIRATORY THERAPY EMPHASIS:  
RECOMMENDATION FORM**

We are considering \_\_\_\_\_ (applicant name) for a position as an Allied Health Sciences - Respiratory Therapy student at Grand Valley State University and would appreciate your comments concerning this student's qualifications. In view of the highly technical and professional field for which this student is being considered, it is imperative that we know something more of his/her qualifications than a transcript reveals. Thus, we rely heavily on your honest evaluation of this candidate, and truly appreciate your efforts in this regard.

1. I have known the applicant for \_\_\_\_\_ months/years as a/an:
  - a. undergraduate student    c. teaching assistant    e. other (please specify): \_\_\_\_\_
  - b. advisee    d. an employee
2. My interaction with the applicant was as a/an:
  - a. instructor in one class    d. teaching supervisor
  - b. instructor in several classes    e. employer
  - c. curriculum (or major) advisor    f. other (please specify): \_\_\_\_\_
3. Please check where appropriate:

CHARACTERISTIC EVALUATED		Excellent	Above Average	Average	Below Average	Unable to Assess
Work Habits:  Communication Skills:  Motivation:  Ability:  Quality of Work:	a) Neatness					
	b) Cooperation					
	c) Integrity					
	a) Oral					
	b) Written					
	a) Attitude					
	b) Initiative					
	c) Punctuality					
	a) Learning					
	b) Comprehension & Correlation					
	c) Imagination/Originality					
	a) Organization					
	b) Accuracy					
	c) Technical Competency					
	d) Judgment					
	e) Performance Under Stress					
	f) Responsibility					

4. Would you please comment on the student's abilities and aptitude toward a career in Respiratory Therapy?

5. What is your overall recommendation for this applicant?

- a. I highly recommend this applicant.
- b. I recommend this applicant.
- c. I recommend this applicant, however, with some reservations.
- d. I do not recommend this applicant.

NAME (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

**Application materials received before Feb. 29th are acted upon first:**

**AHS – Respiratory Therapy Application  
c/o College of Health Professions  
Grand Valley State University  
515 Michigan St. NE  
Grand Rapids, MI 49503**

Phone: 616-331-5555; Fax: 616-331-5556