

DIVISION OF RESPIRATORY THERAPY
Byrdine F. Lewis School of Nursing & Health Professions
APPLICATION FOR ADMISSION TO B.S. RESPIRATORY THERAPY

Please note: You must be accepted by Georgia State University as a degree-seeking undergraduate student before your respiratory therapy application will be reviewed (www.gsu.edu).

APPLICANT INFORMATION

Name _____
 Last First Middle

Panther ID Number _____

Address _____

City _____ State _____ Zip _____

Telephone Numbers _____
 Home Work Cell

Email Address _____

ADDITIONAL INFORMATION

Please be aware that when you apply to sit for the Composite State Board of Medical Examiners licensing examination (RRT) upon graduation, you will be asked to respond to a question regarding any violations of federal, state, or local law. You may be required to provide documentation to the Board explaining any such occurrence. The Composite State Board of Medical Examiners has the exclusive authority to issue a license for the Registered Respiratory Therapist and could decline to issue such a license based on an applicant's prior criminal record. For further information regarding this requirement please contact the Composite State Board of Medical Examiners at (404) 463-2292, or any other state licensing board where practice is contemplated.

Mandatory Faculty Advisement Seminar Yes _____ No _____ If yes please list the date attended _____
 If no, please register via this link <http://respiratorytherapy.gsu.edu/students/faculty-advisement-seminars/>.

EDUCATIONAL INFORMATION

High School Information

High School _____
 Name City State Country (if other than US)

College/University Information

List each college/university attended:

NAME OF SCHOOL	DATES	DEGREE/MAJOR

1. Are you currently enrolled at Georgia State University? _____ Yes _____ No
2. If No, have you applied for admission to Georgia State University? _____ Yes When? _____ _____ No
Date

