

Salisbury University
College of Health and Human Services
School of Health Sciences

Respiratory Therapy Program

APPLICATION FOR ADMISSION

Admission into the Respiratory Therapy Program is a **two-step process**:

1. First, the prospective Respiratory Therapy Program student must be admitted to Salisbury University.
2. Second, the prospective student must apply to the Respiratory Therapy Program by completing this "Application for Admission" by February 10th.

Admission to the University does not guarantee acceptance into the respiratory therapy program. The Respiratory Therapy Program is gated. Therefore, due to course sequencing, required respiratory therapy courses begin in the fall semester only, with an admitted cohort of approximately **24 students** each year.

During the Freshman year, the College of Health and Human Services Academic Advisor will advise you. However, you are highly encouraged to contact the Respiratory Therapy Program Admissions Coordinator. This will further facilitate professional program advising.

Admission to the Respiratory Therapy Program is competitive. Applicants who will be ready to begin the fall upper division respiratory therapy cohorted class must complete an "Application for Admission" by February 10th. Upon a comprehensive admission criteria review process, applicants will receive notification (accepted or declined) by March 15th. Applications submitted after the February 10th date may still be considered for admission, space permitting.

Please identify the year of the fall semester in which you are requesting to enroll: Fall 20____

Name: _____ SU ID# _____

Email: _____ Cell Phone: _____

Permanent Mailing Address: _____

City State Zip Code

Student Signature: _____ Date: _____

Submit completed form to:

Salisbury University
Respiratory Therapy Program
DH 311-1101 Camden Avenue
Salisbury, MD 21801

For more information, contact:

Dr. Randy Insley
Admissions Coordinator, Respiratory Therapy Program
rcinsley@salisbury.edu
410-677-0145 (o)

OFFICE USE ONLY:

Received by: _____ Date: _____