

# ADMISSION APPLICATION

**MOREHEAD STATE UNIVERSITY**  
**Department of Kinesiology Health, and Imaging Sciences**  
**Respiratory Care Program**

(Please Print or Type Information Submitted)

1. When do you plan on entering Morehead's Respiratory Care Program? Spring of \_\_\_\_\_  
(year)
2. Full Legal Name: \_\_\_\_\_  
Last First Middle  
Does Applicant have educational records in a different name? No \_\_\_\_\_ Yes (list name) \_\_\_\_\_
3. Permanent Address: \_\_\_\_\_  
Street/Route County City State Zip Code
4. Campus/Local Address: \_\_\_\_\_  
Street/Route County City State Zip Code
5. Email Address: \_\_\_\_\_
6. Social Security Number or MSU ID Number: \_\_\_\_\_ Birth date: \_\_\_\_\_
7. Phone Number: Local (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_
8. Name, Address & Phone Number of person to contact in case of an emergency:  
Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name Address City/State
9. High School Name: \_\_\_\_\_  
Address City State Zip
10. Date of high school graduation: Month \_\_\_\_\_ Year \_\_\_\_\_
11. Are you now or have you previously attended college/university (including Morehead State University)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give name & address, years of attendance, and number of credit hours attempted:  
A. \_\_\_\_\_ Currently attending Yes \_\_\_\_\_ No \_\_\_\_\_  
B. \_\_\_\_\_ Currently attending Yes \_\_\_\_\_ No \_\_\_\_\_
12. Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the approximate date of civil liberties restoration? \_\_\_\_\_
13. How did you learn about MSU's Respiratory Care Program? \_\_\_\_\_

**I hereby affirm that all information supplied in the application is complete and accurate. I understand that withholding information or giving false information will make me ineligible for program admission.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

MSU is an affirmative action, equal opportunity, educational institution.