

# MATRICULATION PROCEDURE

## Associate Degree • Respiratory Care

NAME\* \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT ID NUMBER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

\*IT IS THE RESPONSIBILITY OF THE STUDENT TO PROVIDE BERKSHIRE COMMUNITY COLLEGE WITH ANY CHANGES TO CONTACT INFORMATION.

All boxes must be checked as complete before form can be submitted to the Admissions Office.

**1. Apply to BCC (Admissions Office, 499-4660, Ext. 1630)**

- Submit application;  
 Submit official high school transcript(s) or GED;  
 Submit official transcripts of any previous colleges attended.

**2. Complete program admission requirements. See the BCC College Catalog at [www.berkshirecc.edu/catalog](http://www.berkshirecc.edu/catalog) for admissions requirements.****3. Submit this completed form to the Admissions Office as soon as you meet all requirements. BCC's Respiratory Care Program is offered on a cyclic basis, accepting one class every two years. The next class will start September 2021 in which interested students will finish up the program's prerequisites with the Respiratory Care specialty/clinical courses starting January, 2022.**

**Important notices:** Any prior criminal offense could hinder placement in clinical agencies. See "CORI" and "SORI" requirements in current catalog for details. All students entering the Respiratory Care Program must be immunized (or be in process) by August 1, prior to the academic year of which they are seeking admission. BCC will not admit students concurrently into any two of the following degree or certificate programs: Physical Therapist Assistant, Respiratory Care, LPN or Nursing.

**TIMELINE**

Health Requirements need to be submitted to the Immunization Records Office at BCC in the Student Support Center, located in the Susan B. Anthony building. You may reach her by telephone at 413-236-1614. You may also fax records to 413-499-4576.

**CONSEQUENCES OF FAILURE TO COMPLY**

A student will not be allowed to participate in the clinical experience without ALL health requirements fully completed.

I have read the health requirements and understand that it is my responsibility to fully comply.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY**

ADMIT STATUS \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

APPROVED \_\_\_\_\_