

Name* _____
*Please print: Last First Middle*Home Address _____
Street/PO Box City State Zip

Student ID# _____ 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.
 - Math:** ACCUPLACER Next Generation QAS score of 250 or greater, successful completion of MAT 028B or MAT- 028, readiness to take MAT 136 based on HS GPA OR successful completion of MAT 102 with a C.
 - Biology:** Successful completion of BIO 105 with a B- or better or BIO 101 with a C+ or better or their equivalent OR completion of BIO 201 with a C or better within the last 7 years.
 - English:** Readiness to take ENG-101 as demonstrated through the Accuplacer or based on HS GPA, completion of developmental prerequisite courses OR completion of a college level English Composition course with a grade of C or better.
3. Submit this completed form to the Admissions Office as soon as you meet all requirements. This program is offered on a cyclical basis; **the next program cycle begins in September, 2023.** Admission to the program is done on a continuous basis. Immunizations must be completed and submitted by September 1, 2023. Application deadline may be extended if space is available.

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 _____