

**Bachelor Degree Cardiorespiratory Sciences
Completion Checklist
Fall 2023**

****IMPORTANT****
Form MUST be the semester and year
for which you are applying.

YOU MUST FILL IN ALL BLANKS

Student name (print): _____ NSHE #: _____
The semester for which I am applying is: _____ Phone: _____
The application deadline is: _____ Today's date: _____

1. Check if applicable:

_____ I am transferring or have transferred credits (attach a copy of MyCSN Transfer Credit Report).

Note: Grades of "P & TP," and "S or TS" received prior to spring 2020, will be considered a "C" unless you attach an **official** transcript showing a different grade – see LE Policy for additional information on "S & TS" grades. A grade of "TR" will not be accepted unless you attach an **official** transcript showing actual grade; and "LELC" courses will be accepted only with proof of approved substitution waiver/request.

PLEASE NOTE: PROOF OF APPROVED SUBSTITUTION WAIVER/REQUEST MUST BE ATTACHED IF APPLICABLE

2. Circle either TRUE or FALSE to ALL the following.

- TRUE FALSE** I understand that GPA on prerequisite courses must be 2.0 or higher.
TRUE FALSE I am not currently enrolled in a Limited Entry Program.
TRUE FALSE I have met with a Health Programs Advisor. Date of meeting: _____
TRUE FALSE I have completed the Limited Entry Workshop. Date of workshop: _____
(Quiz result must be attached).
TRUE FALSE I have paid the \$20.00 non-refundable Limited Entry Application Fee (receipt/proof of payment is attached).
TRUE FALSE I have completed the following classes with a "C" or higher. ("C-" is not accepted).
- | | |
|---|--|
| _____ BIOL 189 (grade _____) | _____ ENG 100, 101, 110, 113 (grade _____) |
| _____ BIOL 223 (grade _____) | _____ ENG 102, 107, 114 (grade _____) |
| _____ BIOL 224 (grade _____) | _____ HIT 117 (grade _____) |
| _____ BIOL 251 (grade _____) | _____ MATH 124, 124E or higher (grade _____) |
| _____ CRS 101 (grade _____) | _____ PHYS 110 or college phys with lab (grade _____) |
| _____ CRS 102 (grade _____) | _____ US&NV Constitutions (class _____) (grade _____) |
| _____ Communications (class _____) | (grade _____) |
| _____ Fine Arts/Humanities/Social Sciences (class _____) | (grade _____) |
| _____ Human Relations (class _____) | (grade _____) |

IF YOU ANSWERED "FALSE" OR LEFT ANY OF THE ABOVE ITEMS "BLANK", YOU CANNOT SUBMIT YOUR APPLICATION PACKET WITHOUT SELECTION SPECIFIC EXCEPTION WAIVER OR MEMORANDUM

3. Read and initial the following.

- _____ I have read, understand, and agree to comply with the Limited Entry Academic Programs Policy and Procedures.
_____ I understand that my final grades, including transfer credits, must be posted in MyCSN by the deadline date.
_____ I understand that I must notify the Limited Entry office of any name, address, or phone change in writing.
_____ I understand that if I repeat a course, the highest of the first three attempts, including W, WT or AU, will be used.
_____ I understand that the official transcript evaluation of applicable transfer credits must be complete by the deadline date.
_____ I understand that no additional documentation can be added to my application after the deadline date.
_____ I understand that I must reproduce all documentation if I reapply in the future. The Limited Entry Office doesn't provide documents.
_____ I understand that I must submit everything at one time with this checklist even if submitted to another department.
_____ I understand that once I accept a position in a Limited Entry program, I cannot apply to another Limited Entry program until I complete or exit the program I originally accepted.
_____ I understand that I may receive a point deduction if I reapply to a program that I was previously enrolled in.

4. Check each item below that you are submitting for points.

- _____ I have provided proof of Respiratory Therapy CTE certification
_____ I have completed recommended courses with "C" or better
_____ PHIL 135 (grade _____) _____ COM 215 (grade _____) _____ ENG 107 (grade _____)

**SUBMIT YOUR COMPLETE APPLICATION PACKET TO THE LIMITED ENTRY OFFICE
WEST CHARLESTON, ROOM K-216, (702) 651-5633**

Student Signature: _____