



## RESPIRATORY CARE MASTER OF SCIENCE DEGREE

Please complete this form if you are interested in a preliminary evaluation of your CASPA application items to determine your eligibility to apply to the Master of Science in Respiratory Care degree program.

Complete and submit this form to allow the Office of Admissions to consider your eligibility to this program for Fall 2022 entry.

First Name:

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Last Name:

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CASPA ID:

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Address:

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Email:

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Phone:

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Date:

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Signature:

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By checking this box, I agree to have UT Health San Antonio School of Health Professions' Office of Admissions do a preliminary review of my CASPA application to determine if I am eligible to apply to the Master of Science in Respiratory Care program.

Please email the completed form to [Henzi@uthscsa.edu](mailto:Henzi@uthscsa.edu)!

For questions, comments, or concerns please contact Dr. David Henzi at [Henzi@uthscsa.edu](mailto:Henzi@uthscsa.edu) or 210-567-4818.