

R.C.E.A.P.

Respiratory Care Early Acceptance Program

Purpose of Program

The RCEAP offers academically outstanding students with an interest in respiratory care an opportunity to be granted conditional acceptance to the School of Health Professions at UT Health San Antonio (UTHSA) and to receive both a Bachelor of Science Degree in Biology or Bachelor of Science Degree in Kinesiology (Kinesiology and Health Science Concentration) at the University of Texas at San Antonio (UTSA) and a Master of Science in Respiratory Care at UTHSA within five years.

Eligibility Requirements

UTSA students must meet the eligibility factors listed below:

- Must be a full-time UTSA student majoring in Bachelor of Science Degree in Biology or Bachelor of Science Degree in Kinesiology (Kinesiology and Health Science Concentration).
- Must have completed at least between 12 and 60 semester credit hours (SCH) of coursework at UTSA in their program of study.
- Minimum overall 3.0 GPA in all college science/math coursework (unless only one science or math course has been taken).
- To remain eligible, students must complete the first three years of curriculum, including the core curriculum requirements at UTSA, with an overall 3.0 GPA and a cumulative 3.0 GPA in all science coursework.

Application Procedures

A complete application includes the following:

- RCEAP Application
- Resume that includes work experience, honors & awards, extracurricular activities, and community service.
- Unofficial transcript

Email application and supporting material to Melina Benavidez at Benavidezm2@uthscsa.edu **between August 15 and April 1, 2021.**

Contact Us

UT Health San Antonio, School of Health Professions

Melina Dauto Benavidez, Director of Admissions and Special Programs

Benavidezm2@uthscsa.edu, 210-567-6225

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Application

Full Name:			Date:
	<i>Last, First.</i>		
Address:			
	<i>Street</i>		
	<i>City, State, ZIP Code</i>		
Phone:		Email:	
Major:	Minor:	Semester Credit Hours Completed	

References

Full Name:		Relationship:	
Email:		Phone:	
Full Name:		Relationship:	
Email:		Phone:	

I certify that my answers are true and complete to the best of my knowledge.

If accepted, I understand that false or misleading information in my application may result in being removed from the program. Further, I give consent Director of Admissions for SHP at UT Health San Antonio to request and access unofficial copies of my transcript from the Registrar's office.

Signature:		Date:
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