



**Department of Respiratory Care & Health Information  
College of Health Sciences  
3500 John A. Merritt Boulevard – Campus Box 9527  
Nashville, Tennessee 37209-1561  
(615) 963-7431 Office  
(615) 963-7422 Fax**

Dear Prospective Student:

We are pleased that you are interested in Tennessee State University's Bachelor of Science in Cardiorespiratory Care Sciences program. Respiratory Care is an outstanding, in-demand healthcare career that provides several employment prospects.

If you are not currently a student at TSU, please complete the university application at <https://www.tnstate.edu/admissions/apply1.aspx>. After acceptance to TSU, you may complete the enclosed CRCS Program application and send it to the Cardio-Respiratory Care Sciences Program, Tennessee State University, Campus Box 9527, Nashville, TN, 37209 (or scan and email it to [crc@tnstate.edu](mailto:crc@tnstate.edu)). In addition, please ask two of your faculty members (preferably current or previous professors) to complete the enclosed recommendation forms and send the form directly to the CRCS Program email address provided on the form. The faculty member may include a letter of recommendation with the form.

The Cardio-Respiratory Care program is fully accredited by the Commission on Accreditation for Respiratory Care (CoARC). Successful graduates of the program receive a B.S. degree with a major in Cardiorespiratory Care Sciences and are eligible to take the Registered Respiratory Therapist (RRT) credentialing examinations from the National Board of Respiratory Care.

Admission is competitive, and only those who qualify will be approached for an interview. The deadline for selection for the fall semester is May 30, 2026. Please review the CRCS application for instructions. If you have any questions or concerns, please contact us at (615) 963-1240 or email: [crc@tnstate.edu](mailto:crc@tnstate.edu).

Sincerely,

A handwritten signature in black ink that reads "Brenda K. Batts".

Brenda K. Batts, MPH, RRT, NPS, RRT  
Assistant Professor and Interim Program Director of Cardiorespiratory Care Sciences

# APPLICATION FOR ADMISSION

## CARDIO RESPIRATORY CARE SCIENCES PROGRAM

Department of Respiratory Care  
College of Health Sciences  
Tennessee State University

Application for Admission

Cardio Respiratory Care Sciences Program  
Department of Respiratory Care  
College of Health Science  
Tennessee State University

**INSTRUCTIONS:** Please submit the following application materials for consideration for admission to the Cardio Respiratory Care Sciences Program.

- **Application for admission to the Cardio Respiratory Care Sciences Program (application should be received January 1<sup>st</sup> through May 20<sup>th</sup> (for the Fall Semester) of the same year).**

**NOTE:** Admission to Tennessee State University is separate application; this process must be completed before being considered for admission to the Cardio Respiratory Care Sciences Program. The Office of Admission and Records will notify you of your acceptance into the University.

- **One official copy of transcripts for all post-secondary education institutions attended.**

**NOTE:** You will need to request a total of two official copies of your transcripts from each institution attended – one copy must be submitted to the Office of Admissions/Records and one copy must be submitted to the Cardio Respiratory Sciences Care Program.

- **Two (2) recommendation from completed by 2 individuals (non-family members, such as faculty or supervisor) who know the applicant's character and suitability for working in a healthcare profession (forms must be sent directly by evaluator; recommendations sent by the applicant will not be accepted).**

Call the Cardio Respiratory Care Department at 615-963-7431 for more information about the program, or go to [www.tnstate.edu/cardio](http://www.tnstate.edu/cardio). You may contact the following departments for specific information regarding:

TSU Admissions

Office of Admissions

615-963-5101

Scholarships, Grants, & Loans

Office of Financial Aid

615-963-5701

APPLICATION FOR ADMISSION

Submit this page and the following page to the Cardio Respiratory Care Sciences Program Office at:

**CARDIO RESPIRATORY CARE SCIENCES PROGRAM**

**COLLEGE OF HEALTH SCIENCES**

**TENNESSEE STATE UNIVERSITY**

**3500 John Merritt Blvd., PO Box 9527, Nashville, TN 37209**

**Telephone: 615-963-7431**

**Email: crc@tnstate.edu**

NAME: \_\_\_\_\_

(Last)

(First)

(MI)

(Maiden Name)

GENDER: Male  Female  Currently enrolled at TSU? Yes  No  T# \_\_\_\_\_

LOCAL ADDRESS


EMAIL

TELEPHONE #

EMERGENCY CONTACT NAME & PHONE# \_\_\_\_\_

LIST HIGH SCHOOL, COLLEGES, AND UNIVERSITIES ATTENDED:

NAME	ADDRESS	YEAR GRADUATED

RESPIRATORY THERAPY OR OTHER HEALTH CARE EXPERIENCE(S):

NAME AND LOCATION	DATE(S) EMPLOYED

RESPIRATORY CARE LICENSE AND /OR CREDENTIALS HELD:

NAME OF ORGANIZATION	CREDENTIAL EARNED	YEAR EARNED

## Write and Attach a Personal Essay

Provide an autobiographical sketch and include a discussion of your interests; relate what led you to choose a career as a Respiratory Care Practitioner; and state your future intentions once you have completed the program. **Please type your response and attach to application.**

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APPLICANT'S SIGNATURE

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DATE

For Office Use Only:

Approved by:	Reason:
Rejected by:	Date of Decision:

Cardio Respiratory Care Sciences Program  
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Nashville, TN 37209

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**FACULTY EVALUATION OF STUDENT**

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This form should be returned directly to the Cardio Respiratory Care Program by mail, email or fax by the faculty member, **not by the student**.

Return by mail: Committee on Admission      Email: [crc@tnstate.edu](mailto:crc@tnstate.edu)  
Cardio Respiratory Care  
Tennessee State University  
3500 John Merritt Blvd., Campus Box 9527  
Nashville, Tennessee 37209

**STUDENT CONFIRMATION (Section completed by Applicant)**

I waive my right to see this recommendation.  Yes  No \_\_\_\_\_  
(Student Signature)

This is a request for your confidential appraisal of \_\_\_\_\_,  
(Student: print your name here)  
an applicant to the Cardio Respiratory Care Sciences Program at Tennessee State University.  
Your statements will be helpful in our evaluation of the applicant.

**FACULTY EVALUATION (Section completed by Faculty Evaluator)**

In what capacity have you been associated with the applicant?

Classroom Instructor  Laboratory Instructor  Other

Please specify course(s) \_\_\_\_\_  
 Academic Advisor  
 Work Supervisor  
 Other (please specify) \_\_\_\_\_

How well do you know the applicant?  Very well  Fairly well  Slightly

Please circle the number indicating to what degree the applicant possesses each of the characteristics and abilities listed.

OVERALL ACADEMIC STRENGTH	1 Poor	2	3 Average	4	5 Superior	0 Unknown
GOOD ATTENDANCE	1 Poor	2	3 Average	4	5 Superior	0 Unknown
COMMUNICATIONS SKILLS	1 Poor	2	3 Average	4	5 Superior	0 Unknown

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**FACULTY EVALUATION OF STUDENT**      **Continued**

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	1 Poor	2	3 Average	4	5 Superior	0 Unknown
SELF-ESTEEM						
RELIABILITY & HONESTY	1 Poor	2	3 Average	4	5 Superior	0 Unknown
PERSEVERANCE	1 Poor	2	3 Average	4	5 Superior	0 Unknown
EMOTIONAL INTELLIGENCE	1 Poor	2	3 Average	4	5 Superior	0 Unknown

What is your attitude toward having this applicant in a position of responsibility?

Strongly Recommended       Recommended       Not recommended

Your additional observations are welcome on a separate letter. We especially appreciate comments regarding the applicant's ability and motivation for the study of respiratory therapy, including decision-making and caring for patients.

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Signature and Title

Date