

# APPLICATION

## GRADUATE SCHOOL OF BREATHING SCIENCES

109 East 17<sup>th</sup> Street, Cheyenne, Wyoming 82001 [admissions@breathingsciences.bp.edu](mailto:admissions@breathingsciences.bp.edu)

BEFORE filling out this form, download it to your computer and save it on your computer. THEN fill out the form.  
AFTER filling out the form, rename, save, and email it as follows: **YourNameApplication.pdf** (e.g., JohnDoeApplication.pdf).

Your Name \_\_\_\_\_ Profession \_\_\_\_\_

Highest degree completed \_\_\_\_\_ License \_\_\_\_\_ Certification \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Skype Name \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

I am applying for:  **full time** (12 units per trimester),  **part time**: estimated number of units (4-11 per trimester) \_\_\_\_\_.

**Education**: Enter data for electronic file purposes. Do not simply reference your CV (resume).

Name of Institution	Degree & Major	Dates	Degree date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employment**: Indicate past five years only. Include additional data in attached CV (resume).

Employer, or self-employment business	Job description	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Transcripts**: Check this box to indicate that transcripts are being requested. Admission is contingent upon receipt of transcripts.  
Please have the schools, *where you earned degrees*, send us your official transcripts by U.S. mail, to the address shown above, OR electronically signed PDF copies by email to [admissions@breathingsciences.org](mailto:admissions@breathingsciences.org). Do **not** send us personal copies.

**Professional References**: Check this box to indicate that we are authorized to contact your references.  
Please provide us with the names of two professional colleagues or business associates who we can call and/or contact by email.

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Tel: \_\_\_\_\_

**Professional CV (optional)**: Check this box to indicate you are emailing us your CV. Email it as a PDF file: **YourNameCV.pdf**

Please indicate which of the following are contained within your CV:  Basic contact information,  Profession and expertise,  
 Current place of work,  Academic degrees,  Licenses and certifications,  Professional experience,  Professional training,  
 Special interests,  Professional memberships, and  Publications, if any.

**Statement of Learning Objectives:** Describe how the MS degree training fits into the scope of your practice and your business.

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**Description of Current Professional Work and Setting:** Describe how you might implement the Practicum requirements.

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**Application Fee: \$65.00**

- I will make payment by clicking on the website PayPal payment option.
- Please email me a PayPal invoice and I will pay by credit card or electronic check.

Email the completed Application (and a PDF copy of your CV) to: [admissions@breathingsciences.bp.edu](mailto:admissions@breathingsciences.bp.edu)

I understand that the Graduate School of Breathing Sciences is currently seeking accreditation with an agency recognized by the US Department of Education.

**I HEREBY AFFIRM THAT ALL INFORMATION AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of Applicant (electronic)  
Click on **RED ARROW** to create signature or use existing one.

\_\_\_\_\_  
Date