

PHARMACY TECHNICIAN PROGRAM ADMISSION APPLICATION

Please print or type when completing this form and return it to:
Department of Allied Health & Career Programs Room 4453 or 4457
South Suburban College, 15800 S. State Street, South Holland, IL 60473 **Do not return this application until all steps are complete.**

Applying for term 20					
Last Name:	Maiden:	First	: MI:_		
Student ID #:	Daytime Phone: ()			
Email Address:					
Address:					
City:	State:	Zip:			
Check one please:					
•	Spring Semester	Summer Semest	ter		
Enrollment Status:	<u></u>		••		
NEW Student					
	ed (date)				
<u> </u>					
Academic Background					
High School Attended:		City:	State:		
Graduation Date:	OR Date GED Received:				
School/College/University	Dates Attended		Diploma/Degree Earned		

You must complete the following prerequisite checklist which is located on the back side of this sheet.

Note: Both sides of this application MUST be signed.

Prerequisite	Course Completed	College	Semester	Grade			
Highest Level of Math							
Biology or Anatomy/ Physiology							
Medical Terminology							
ENG 101							
Typing Speed (required 25 w	pm): Your speed	wpm					
Computer Proficiency (check	all that apply):						
Microsoft Word	Microsoft Excel	Other:					
understand the requirements for admission to the program with regards to course work.							
Prior to enrolling in the Pha and state laws of the Pharm College Pharmacy Technicia	nacy profession to ensure th		• • • • • • • • • • • • • • • • • • • •	•			
Eligibility may be limited by certification are required by	*		A drug screening, possible	le finger printing, and CPR			
Signature:			Date:				
		es of this application MU	Sol de signed.				