



LIMITED ACCESS HEALTH PROGRAMS
 TECHNICAL CERTIFICATE IN PHARMACY
 TECHNICIAN APPLICATION
 PSVC-PHT

AUGUST ADMISSION
 Rolling Admissions
 Porter Campus at Wiregrass Ranch
 In Wesley Chapel

IMPORTANT

Once you have met all of the program requirements for admission as listed in the *Application Information Checklist*, submit this application to the Admissions and Student Records Office at any PHSC campus. Once an application packet is submitted, it cannot be amended. Prior to submitting this limited access application to the Admissions and Student Records Office, **please pay the non-refundable \$25 application fee at any PHSC College Store and obtain a copy of the receipt to submit with your application.**

Reminder: Applicants will be admitted on a first qualified, first admitted basis. Eligible applicants will be assigned a place in the next available class. Applicants who do not respond to an offer of admission or who fail to enroll for the term for which admission is offered must reapply for a future date.

PLEASE COMPLETE

 LAST NAME FIRST NAME MIDDLE NAME

 STUDENT ID EMAIL ADDRESS PREVIOUS NAMES

 ADDRESS

 CITY STATE ZIP CODE

() _____ () _____ () _____
 HOME PHONE WORK PHONE CELL PHONE

APPLICANT CERTIFICATION

I CERTIFY that all statements given in this application are true and accurate to the best of my knowledge. Any falsified information may result in my dismissal from the program. I have READ and SUBMITTED the information and requirements on the enclosed SIGNED *Application Information Checklist* regarding application policies, requirements, prerequisites, selection process, and other information concerning the Pharmacy Technician program at PHSC.

 SIGNATURE

 DATE

FOR OFFICE USE	FOR COLLEGE STORE USE
DATE STAMP: _____ 	DATE: _____ CASHIER: _____ RECEIPT NO: _____ AMOUNT: _____