



PHARMACY TECHNOLOGY PROGRAM APPLICATION

The application deadline is June 1st. Applications received after June 1st will be considered on a space available basis.

Date: _____

Name: _____
(last) (first) (middle/maiden)

Social Security No.: _____

Present Address: _____ Home Phone: _____

_____ E-mail Address: _____

Permanent Address: _____ Work Phone: _____

Birth Date: _____ Place of Birth: _____

Person to Notify in an Emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Previous Education (High School and/or College)

<u>School</u>	<u>City/State</u>	<u>Diploma or Degree</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Copies of high school or college transcripts and a signed copy of Acknowledgement of Receipt of Drug and Alcohol Testing Policy form must be attached.

If you are applying to other allied health or nursing programs, please list your order of preference for admission:

1. _____ 2. _____ 3. _____

For official use only:

Date Received: _____

Official Initials: _____

Application Complete ____ Yes ____ No

Additional documentation required:

Student Signature

Mail Completed application to:
Pharmacy Technology Program
Wallace State Community College
P.O. Box 2000
Hanceville, AL 35077-2000