



CASPER COLLEGE PHARMACY TECHNOLOGY APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT

1. Name _____
(Last) (First) (Middle) Home Phone Number _____

2. Name _____
(Different from above that may appear on your records) Work Phone Number _____

3. Student ID#: _____

4. Present Mailing Address _____
Street City State Zip

5. High School _____
(City) (State)
Year Graduated _____

6. Have you applied to Casper College Yes ____ No ____
(A completed Casper College application must be on file in the Admissions Office before your admission request can be processed).

9. Have you completed the following:
Certificate or Degree Program Prerequisites:

- CHEM 1005/1006 Basic Chemistry and Lab
- BIOL 1000 or ZOO 2040/2041 or ZOO 2110
- HLTK 1200 Medical Terminology
- MATH 0920

MAIL THIS APPLICATION TO: Sheri Roumell
Casper College
125 College Drive
Casper, WY 82601

Date _____ Signature _____ Year applying for Admission _____

Please **DO NOT** apply before you have met the pre-requisites and have a cumulative college GPA ≥ 2.0 or have permission from the program director (See Checklist provided)