



**SOUTH
SUBURBAN
COLLEGE**
Department of
**ALLIED HEALTH &
CAREER PROGRAMS**

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

Applying for term 20 _____

Last Name: _____ **Maiden:** _____ **First:** _____ **MI:** _____

Student ID #: _____ **Daytime Phone:** (_____) _____ - _____

Email Address: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Check one please:

_____ **Aug-Dec** _____ **Jan-May** _____ **June-Aug**
_____ **Fall Semester** _____ **Spring Semester** _____ **Summer Semester**

Enrollment Status:

_____ **NEW Student**

_____ **Returning Student – Last Attended (date)** _____

_____ **Transfer Student from:** _____

Academic Background

High School Attended: _____ **City:** _____ **State:** _____

Graduation Date: _____ **OR Date GED Received:** _____

School/College/University	Dates Attended	Diploma/Degree Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____

An SSC application and all transcripts must be on file in the Admissions & Records Department.

I understand the requirements for admission to the program with regards to course work.

Prior to enrolling in the Pharmacy Technician Program, students are advised to review the applicable licensure procedures, requirements and state laws of the Pharmacy profession to ensure that they are eligible to receive a license for the completion of the South Suburban College Pharmacy Technician Program.

Eligibility may be limited by the results of a criminal background investigation. A drug screening, possible finger printing, and CPR certification are required by most pharmacy employers.

Signature: _____ **Date:** _____