



CASPER COLLEGE PHARMACY TECHNOLOGY APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT

Date: _____

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

2. Student ID#: _____

3. Current Mailing Address _____
Street/PO Box City State Zip

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

5. Email Address: _____

6. Have you applied to Casper College Yes ____ No ____

7. Have you completed the following:

Certificate or Degree Program Prerequisites:

- CHEM 1000/1000L Intro to Chemistry
- BIOL 1000/1000L or ZOO 2015/2015L or ZOO 2025/2025L
- HLTK 1200 Medical Terminology
- MATH 0920 or higher

Date _____

Signature _____

EMAIL THIS APPLICATION TO: sheri.fulfer@caspercollege.edu or

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