



CASPER COLLEGE PHARMACY TECHNOLOGY APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT

1. Name _____
(Last) (First) (Middle) Home Phone Number _____
2. Email _____
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 Fulfer
Casper College
125 College Drive
Casper, WY 82601
sheri.fulfer@caspercollege.edu

OR EMAIL IT TO:

Date _____ Signature _____ Semester applying for Admission _____

Casper College provides equal opportunity in education and employment — caspercollege.edu/nondiscrimination