



# 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 recommended 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 \_\_\_\_\_

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