

Application is for Fall

Deadline for Submission is May 15th

_____ Last Name	_____ First Name	_____ Student ID#	
_____ Phone	_____ Email		
_____ Address	_____ City	_____ State	_____ Zip

Satisfaction of Admissions Requirements

All placement test scores, pre-curriculum classes, college degrees, and college-level math classes have to have been completed within 10 years of submitting this application.

READING / ENGLISH: proficiency may be satisfied by completion of:

- Placement test scores place into ENG 111 without co-requisite (SAT, ACT, CPT, HiSET, GED)
- Completion of ENG 111 or equivalent with a minimum grade of "C"
- Completion of prerequisites to be eligible to register for ENG 111 without co-requisite
- Have a 2.8 or higher unweighted high school GPA within the past 10 years
- Provide verification of completion of an associates' degree or higher

MATH: proficiency may be satisfied by completion of (within the past 10 years):

- Placement test scores place into MAT 110 without co-requisite (SAT, ACT, CPT, HiSET, GED)
- A college level Mathematics course with a minimum grade of "C"
- Completion of prerequisites to be eligible to register for MAT 110 without co-requisite
- Have a 2.8 or higher unweighted high school GPA within the past 10 years
- Provide verification of completion of an associates' degree or higher

Employment Verification

To be eligible for the bridge program, applicant must provide verification of work experience as a Pharmacy Technician within the last 10 years.

- Attached work verification forms

I certify that all information is accurate to the best of my knowledge.

Signature of Applicant _____ Date _____

Please return to: Wake Tech PHSC, Health Sciences Advisor, 2901 Holston Ln., Raleigh, NC 27610

Please complete this form to verify work experience as a Pharmacy Technician. Must have 3 years of working experience as a Pharmacy Technician within the last 10 years. Please provide a separate form for each place of employment, if applicant worked more than one place over 3 years.

Part A: (To be completed by student)

Student Name	Student Phone Number	Student Email
Employer Name	Address	City, State, Zip
Supervisor's Name	Supervisor's Phone Number	Supervisor's Email
Employment Start Date	Employment End Date	

Brief Description of Duties Performed as a Pharmacy Technician:

Part B: (To be completed by employer)

Dear Employer:

This prospective student is being considered for admissions into the Pharmacy Technology Bridge program at WTCC. Please confirm his/her employment as a Pharmacy Technician as documented above.

- Yes, this person was employed as a Pharmacy Technician during the years indicated above, and performed the duties as described above.
- No, the above description does not reflect the dates and duties performed on job.

Signature: _____ Date: _____

Print Employer Name	Employer Title	Employer Phone
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