# **Pharmacy Technician Program Restricted Enrollment Application 2025-2026**

The Pharmacy Technician Skills Certificate or Certificate Program requires a Restricted Enrollment Program *Change.* To begin this program, students must complete the following form, meet with an Academic Advisor, and then submit the completed form to Academic Advising.

Academic Advisor will complete:

**ASSESSMENT** the minimum Assessment Scores listed below or successfully complete appropriate developmental courses to improve your skills. Assessment Test Scores are valid for up to three years.

### Student:

 $\Box$  has submitted ACT or SAT scores  $\Box$  is exempt from assessment  $\Box$  has taken the NGA

Minimum Scores:	NGA	SAT (Digital)	SAT (Paper/Pencil)	Overall HS GPA
Writing	250+	500 +	25+	1.8 +
Reading	250+	490 +	25+	1.8+
Math	QRAS=250+	510 +	25+	1.8+

Has met minimum **English** requirement. Has met minimum reading requirement. Has met minimum math score requirement.

Fest/Score:	
Fest/Score:	
Test/Score:	

**CUMULATIVE COLLEGE GPA** Attain a 2.0 or better cumulative grade point average.

### Student:

□ has a cumulative GPA of 2.0 or better

# **PROGRAM REQUIREMENTS**

## Student:

Criminal Background Check Form and Drug Screen Authorization are available to be picked up from the Health Professions Office in room HS510: 734-462-4770 or healthprofessions@schoolcraft.edu

□ All documents must be returned to the Health Professions Office by the deadline given. Students must meet these requirements prior to the start of the practical components of the program.

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Pharmacy Technician Skill Certificate or Certificate Restricted Enrollment Program Change Form

Plea	se Print:				
Stud	ent Name: Last	First			
	Last	1/1181	ividdie initial		
Stud	ent Number:	or Se	ocial Security Number (last four digits)	)	
Mon	th and Day of Birth	_/			
	Current Academic Pro	gram Name: _			
	Current Academic Pro	gram Number:			
Cho	ose one:				
	New Academic Progra	m Name:	Pharmacy Technician Skill Certifica	te	
	New Academic Progra	m Number:	CRT.00349		
	New Academic Program	n Name:	Pharmacy Technician Certificate		
	New Academic Progra	m Number:	1YC.00249		
<b>X</b> A	cademic Advisor Signatur	o.		_Date:	
	readenne Advisor Signatur	c		Date	
as	tudent Signature:			Date:	
			Return to:		

Schoolcraft College Records Phone: 734-462-4677 Email: screcord@schoolcraft.edu