

Pharmacy Technician Program

Restricted Enrollment Application 2026-2027

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.

Section I: To be completed by student

Demographic information on this application must match the information on record in the Registration Center at Schoolcraft College.

Name

Last Name

First

Middle

Former (If Applicable)

Address

Number

Street

Apt.

City

State

Zip + 4 Digit Code

Day Phone

()

Evening Phone

()

Email

Birth Date

Month / Day

Student Number

Social Security Number

Last 4 Digits

It is the policy of Schoolcraft College that no person shall, based on race, color, national origin, gender, age, marital status, creed, or handicap, be excluded from participating in, be denied the benefits of, or be subjected to discrimination during any program or activity or in employment.

Section II: To be completed with an Academic Advisor

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:

☐ has submitted ACT or SAT scores ☐ is exempt from assessment

☐ 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.

Test/Score: _____

Test/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

Please Print:

Student Name: _____
Last First Middle Initial

Student Number: _____ or Social Security Number (last four digits) _____

Month and Day of Birth ____/____

Current Academic Program Name: _____

Current Academic Program Number: _____

Choose one:

☐ New Academic Program Name: Pharmacy Technician Skill Certificate
New Academic Program Number: CRT.00349

☐ New Academic Program Name: Pharmacy Technician Certificate
New Academic Program Number: 1YC.00249

☒ Academic Advisor Signature: _____ Date: _____

☒ Student Signature: _____ Date: _____

Return to:

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

Please copy:
Office of Health Professions
healthprofessions@schoolcraft.edu
734-462-4770