

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