

# Pharmacy Technician Program Restricted Enrollment Application 2024-2025

*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:**

has taken the CPT or NGA

has submitted ACT or SAT scores

is exempt from assessment

Minimum Scores:	<i>CPT</i>	<i>NGA</i>	<i>ACT</i>	<i>SAT (March 2016)</i>	<i>Overall HS GPA</i>
Writing	71 +	250	18 +	25+	1.8+
Reading	70 +	250	18 +	25+	1.8+
Math	78+ (Elementary Algebra)	QRAS=250	19 +	25+	1.8+

## PROFICIENCY

**Student:**

has met minimum **English** score

or ⇒

has met minimum **reading** score

or ⇒

has met minimum **math** score

or ⇒

has successfully completed

ENG 055 or higher with a 2.0/C or better

has successfully completed

COLLS 053 or higher with a 2.0/C or better

has successfully completed

MATH 053 or higher with a 2.0/C or better

**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](mailto: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 165 McDowell Student Center  
18600 Haggerty Road, Livonia, MI 48152  
Phone: 734-462-4677  
Email: [screcord@schoolcraft.edu](mailto:screcord@schoolcraft.edu)