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.

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

PROFICIENCY

Student:

☐ has met minimum English score or ⇒ ☐ has successfully completed ENG 055 or higher with a 2.0/C or better
☐ has met minimum reading score or ⇒ ☐ has successfully completed COLLS 053 or higher with a 2.0/C or better
☐ has met minimum math score or ⇒ ☐ 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

☐ 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
Records165 McDowell Student Center
18600 Haggerty Road, Livonia, MI 48152
Phone: 734-462-4677
Email: serecord@schoolcraft.edu