



**CTS Canadian Career College
Application For Consideration
Pharmacy Technician Program**

The undersigned applicant hereby makes an application for consideration as a student of CTS
Canadian Career College of the Pharmacy Technician Program this day _____/20__''''
Requested Start Date: _____

APPLICATION DEADLINE FOR SUBMISSION: MAY 1st, 2017

Name: _____
Address: _____
City: _____
Prov.: _____
Postal Code: _____
Email: _____
Phone: _____
Date of Birth: _____
 Day Month Year

(Applicant's signature)

(Signature of parent if under the age of 18)

Upon approval, your application will be forwarded to Admissions, who will contact you to walk you through the registration process (free of charge) and financing your education

If you do not meet admissions requirements, our admissions department will contact you. You may wish to discuss your educational alternatives or steps to take to improve your eligibility.

*****All Applications must be scanned and emailed to jason.portugues@ctsccc.com*****

Applications **MUST** be supported by Secondary School transcripts and any relevant Post Secondary Education

Please **DO NOT** send any transcripts directly to college. They must be scanned and emailed with application.