

Mission College Pharmacy Technician Program

Application Form

1. Fill out the application below & return to the Community Education Office Rm S1-202.
2. After completing the above, we will contact you to set up an interview & assessment test
3. You will receive a letter after your interview with your acceptance status
4. If you are accepted, you may then register at the Community Education Office.

PLEASE PRINT LEGIBLY

Name: _____
first middle last

Address: _____
number street Apt#

_____ *city zip code*

Phone #: (____) _____ - _____

Alternate: (____) _____ - _____

E-mail: _____
(Note: only provide e-mail if you check it regularly)

How did you hear about our program?

Will you prefer day or evening class time?

Additional Information: