

Practical Nursing Program Admission Request Form

Seneca Student ID: _____ Date of Birth: _____

Last Name: _____ First Name: _____

Street Address: _____ Apt./Unit#: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Other Phone: _____

Seneca Email: _____ Other Email: _____

Initial Below	I confirm my understanding of the following:
	I will be notified of acceptance into the program by email.
	I must receive the confirmation letter of acceptance (by email) BEFORE registering for professional Nursing specific courses at Seneca. (I may register for general education courses at any time.)

Listed below are entry requirements to process this application. **PROOF of attained credits must be attached.**

Requirement	Name of attached supporting document or transcript
English: Grade 12 (C) or ENG4 (U) or College English (70%)	
Physics or Chemistry Grade 12 (C) (70%)	
Mathematics Grade 11 (U) or (M) OR Grade 12 (C) (70%)	
Biology Grade 11 (C) (70%)	

*Overall Average of 75%

Signed: _____ Date: _____
mm/dd/yy

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the Freedom of Information and Protection of Privacy Act and under the legal authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, and the Ontario Colleges of Applied Arts and Technology Act, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at (416) 491-5050 extension 77846 or email privacyoffice@senecacollege.ca.

Faculty of Continuing Education **OFFICE USE ONLY:**

Date stamp and forward to:
Attention: Part-time Practical Nursing – Admissions