Seneca

Faculty of Continuing Education

Admission Request Form

Print

Please Check One:

- ◯ Practical Nursing Program
- ◯ Opticianry Program

Seneca Student ID: _____ Date of Birth: _____ yy/mm/dd

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 Opticianry or Nursing specific subjects at Seneca. (I may register for general education subjects at any time.)
	If transferring professional **Opticianry subjects** from another institution, I may only apply for transfer credit for professional subjects **AFTER** receiving my formal letter of acceptance by email. (General Education subjects may be transferred 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	
Physics or Chemistry Grade 12 (C)	
Mathematics Grade 11 (U) or (M) OR Grade 12 (C)	
Biology Grade 11 (C)	

Signed: _____ Date: Select _____ mm/dd/yy

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10-15

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

Date stamp and forward to:

Practical Nursing Program - **Deanna MacDonald**, Program Assistant

Opticianry Program - **Maria Graziosi**, Program Assistant