Seneca

FACULTY OF CONTINUING EDUCATION & TRAINING

Admission Request Form

PLEASE CHECK ONE: ○ PRACTICAL NURSING PROGRAM
○ OPTICIANRY PROGRAM

Print

SENECA Student ID: _____

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) and will be invited to attend an information session 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 or Nursing subjects from another institution, I may only apply for advanced standing 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: _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

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Faculty of Continuing Education **OFFICE USE ONLY**:
Please date stamp and forward to: **Maria Graziosi**, Program Assistant