Pacific Horticulture College



APPLICATION FOR ADMISSION Level 1 Landscape Horticulturist Apprenticeship Program PART-TIME

SkilledTradesBC ID#:	(must have SkilledTradesBC ID# and be registered with a sponsor)				
FULL LEGAL NAME					
LAST NAME		FIRST NAME			
MIDDLE NAME		PREFERRED FIRST NAME (if applicable)			
CONTACT INFORMATION					
NUMBER/STREET			CITY		
PROVINCE	POSTAL CODE		PHONE NUMBER		
E-MAIL ADDRESS					
	PERSONA	AL INFORMATIO	ON .		
DATE OF BIRTH Month Day	Year				
Are you an international student: YES NO					
Are you: □ Canadian Citizen □ Canadian Permanent Resident □ Other					
HEALTH					
Have you experienced any medical conditions in the last 24 months? Yes / No If yes, please provide additional information:					
As this program is both academically and physically rigorous, please describe any physical or academic considerations that PHC should be aware of (i.e. chronic back pain, learning challenges, additional health problems):					
EDUCATION					
Do you have a C grade in English 11? Year of high school graduation:					

PLEASE READ THE FOLLOWING BEFORE SIGNING:

- I understand that this information, along with subsequent information placed in my student records, will be used for purposes of
 admission, registration, research, alumni and development, and other purposes consistent with the mandate of the institution. The use of
 this information will be in compliance with the Freedom of Information and Protection of Privacy Act.
- I understand that submission of this application in no way guarantees admission to a program or course, and that admission is subject to meeting program admission requirements and space availability and minimum enrolment numbers.
- I certify that all statements on the application are true and complete. I understand that misrepresentation of this information in any material way may result in cancellation of my admission or registration status.

Signature:	Date:	
Jigiiatui C.	Date.	