

## APPLICATION FOR ADMISSION

### 2026 Full–Time Landscape Horticulture Certificate Program

| 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   |             |                                      |
| PERSONAL INFORMATION   |             |                                      |
| DATE OF BIRTH<br>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 Math 11? _____      Year of high school graduation: _____   |             |                                      |
| Do you have a C grade in English 11? _____   |             |                                      |

**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 if I fail to meet minimum admission requirements, the requirements cannot be waived.
- 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, 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.
- I certify that I am 19 years of age or older, or a high school graduate.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_