

APPLICATION FOR ADMISSION
2022 Full-Time Level 3 Landscape Horticulturist Technical Training Program

ITA Individual ID# (TWID): _____ (must have TWID 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
EMAIL ADDRESS		
PERSONAL INFORMATION		
DATE OF BIRTH		
Month	Day	Year
HEALTH INFORMATION		
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):		
SPONSOR INFORMATION		
NAME	SPONSOR RELATIONSHIP	
PHONE NUMBER	E-MAIL ADDRESS	
REQUESTING SPONSORSHIP FROM PACIFIC HORTICULTURE COLLEGE <input type="checkbox"/>		

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 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: _____