

**LANDSCAPE HORTICULTURE CERTIFICATE PROGRAM
APPLICATION FOR ADMISSION**

Pacific Horticulture College

505 Quayle Rd Victoria, BC, V9E 2J7 Phone: (250) 479-3210 Fax: (250) 479-6047

Date received

PERSONAL DATA			
Legal last name (please print clearly)	First name	Middle name	
Address	City	Province	Postal code
SIN #:	Date of birth: _____ Month, day, year		
Phone (day) Phone (evg)	E-mail	Fax	
HEALTH			
Have you experienced health problems in the past 24 months? Yes ___ No ___ If yes, please give additional Information.			
Do you have a disability ___ chronic back pain ___ If so, please give additional information.			
EDUCATIONAL BACKGROUND			
Official transcripts must be submitted to complete your application			
Name and location (City, Province) of last Secondary School attended		Date Last Attended	Did You Graduate? Yes ___ no ___
Name and location (City, Province) of Post Secondary Institutions Attended		Dates (Month/Year) From To	Program or Course
PLEASE READ THE FOLLOWING BEFORE SIGNING			
<ul style="list-style-type: none"> • 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 course prerequisites and space availability. • 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 am prepared to supply proof that I am 19 years of age or older, or a high school graduate, prior to enrollment. • 			
SIGNATURE _____		DATE _____	