

Pharmacy Technology Program

IU Health-Vincennes University AS Degree Completion Option

| Applicant Information | | |
|--|------------------------|------|
| Full Legal Name | | |
| Student Identification #(A number) or | Social Security Number | |
| Date of Birth | | |
| Home Mailing Address | | |
| City, State, and Zip Code | | |
| Phone | | |
| E-Mail Address | | |
| You are required to have your official IU Health Pharmacy Technician transcript sent to Vincennes University. Please request that IU Health mail the official transcript to Vincennes University, 1002 North First Street, Vincennes, IN 47591 or have the official transcript emailed to records@vinu.edu . If you attended any other college we highly recommend you also have those official transcript sent to Vincennes University as well. | | |
| Signature | | Date |

Please note that Distance Education students will be required to submit a photo ID to Distance Education.