



Pharmacy Student Registration-Application

Applicant Information

Name _____ Gender _____ Date of birth _____

Home street address _____ Province _____

City _____ Postal code _____ Country _____ Citizenship _____

Phone (home) _____ E-mail _____

Name of University _____ Expected year of graduation _____

Registration Fee

_____ \$50.00 annually

_____ Email transfer (info@pepharmacists.ca)

Signature

Signature of applicant _____ Date _____

Send completed forms to: P.E.I College of Pharmacy. Please scan and e-mail to info@pepharmacists.ca

For Office Use Only:

PEICP Signature _____

Date received _____

Fee included _____

Registration number _____

Receipt number _____