



MARQUETTE UNIVERSITY

DOCTOR OF PHYSICAL THERAPY APPLICATION For Current or Former Marquette Students Only PART I

INSTRUCTIONS

Please print or type all information. Missing information will delay processing of your application. Return this application together with the Prerequisites form, Clinical Hours Assessment and Verification Form, and the Adviser Verification Form to the Department of Physical Therapy, Schroeder Complex Room 346, 561 North 15th Street, or mail completed application to the Department of Physical Therapy, Marquette University, P.O. Box 1881, Milwaukee, WI 53201-1881.

Application for admission to the Department of Physical Therapy must be **received by February 1** of the year you intend to begin the Doctor of Physical Therapy (DPT) curriculum. **Transcripts of credits** from an institution other than Marquette where you fulfilled necessary prerequisites course work must be sent directly to the Office of the Registrar at Marquette and **must arrive before February 1** of the year you are seeking admission.

If you have any questions about completing the forms, questions regarding the program, or the application process, contact the Department of Physical Therapy at (414) 288-7161.

You are responsible for verifying that all materials have been received.

A. AUTOBIOGRAPHICAL INFORMATION

Name: _____
Last First Middle

Social Security Number: ____ - ____ - ____ MUID Number: ____ - ____ - ____

Date of Birth: ____ / ____ / ____
Month Day Year

Permanent home mailing address: _____
Number & Address

City State ZIP Code County

Home telephone: (____) ____ - ____ Work telephone: (____) ____ - ____

Current mailing address if different from above: _____
Number & Street

City State ZIP Code

Current telephone: (____) ____ - ____ Preferred e-mail address _____

Citizenship: U.S. citizen, permanent resident or immigrant U.S. visa holder Other

Are you currently enrolled at Marquette: Yes No (if no, date last attended): _____

Do you have an undergraduate degree: Yes Institution: _____ Date: _____
 No (expected date of graduation): _____

Have you attended any other colleges or universities: Yes (if yes, list all other schools and dates) No

From _____ To _____

From _____ To _____

From _____ To _____

MARQUETTE UNIVERSITY

PART II-Pre-requisites for Marquette Internal Transfer Students

Prerequisite Courses should meet the following criteria:

- must be or have been completed at an accredited 4-year institution (Community college or 2-year extension campus credits are not acceptable); and,
- at least eleven of the pre-requisite course credits (23) must have been completed at Marquette to be classified as an internal transfer student.

Documentation of Pre-requisites

Applicants, please complete the information below in a typed or legibly written fashion. It is recommended that you make a copy of this form for your own reference

NAME: _____
 Last First Middle

MUID: _____ MAJOR: _____ DATE: _____

Pre-requisites 23 Sem. Cr. ***	Department & Course #	Course Title	Grade	Number of <u>Units/Credits</u> Sem. Qtr.	Accredited 4-year Institution	Year & Term Completed	Planned Completion Year & Term
Biology (3)							
Chemistry I (Lec. & Lab) (4)							
Chemistry II (Lec. & Lab) (4)							
Physics I (Lec. & Lab) (4)							
Physics II (Lec. & Lab) (4)							
Statistics (3)							
Introduction to PT (Med. Terminology) (1)							
**Cognitive Motor Learning (3)							

**Desirable elective

Note: For courses that have been repeated, the new grade will be used for calculating the prerequisite quality points average (QPA).

Clinical Hours Assessment and Verification DOCTOR OF PHYSICAL THERAPY

_____ is applying for admission to the professional phase of the Doctor of Physical Therapy degree program at Marquette University. Applicant portfolios should document a minimum of 80 hours of observational experience within the past three years under and assessed by a licensed physical therapist. It is recommended that these experiences include a diversity of opportunities to interact/observe individuals (age, gender, socio-economic status, ethnicity, and health status) in a service-related and/or treatment capacity.

As part of this applicant's portfolio, the admission's committee of the Department of Physical Therapy requests your **confidential** assessment of how well this applicant has met the criteria specified below. Our faculty believes that your assessment will be valuable in assisting us with the selection process.

Please circle your assessment of the applicant for each criterion. If you are unable to make an assessment, please circle N/A:

Criteria	Please circle one response for each category					
Taking advantage of learning opportunities:	always	usually	occasionally	seldom	no	N/A
Reliability, punctuality, follow through:	excellent	good	average	needs improvement	poor	N/A
Enthusiasm for becoming a Physical Therapist:	always high	usually high	average	questionable	no	N/A
Interpersonal skills (staff and patients):	excellent	good	average	needs improvement	poor	N/A
Caring/Helpful:	always	usually	occasionally	seldom	No	N/A
Appearance (dress, hygiene):	professional		acceptable		inappropriate	N/A

Additional Comments: (Please attach additional sheets if needed)

Number of hours completed: _____ Inclusive dates of hours (e.g. 10/08-1/09) _____

Name of facility: _____

Type of facility: _____

Physical Therapist's signature: _____ Therapist license # and state: _____

Please print name: _____

Therapist phone number: _____

Please mail or fax your **confidential** form directly to the Department of Physical Therapy.

Attn: Department of Physical Therapy

Schroeder Complex Rm. 346

Marquette University

P.O. Box 1881

Milwaukee, WI 53201-1881

Fax (414) 288-5987

Thank you



PART IV ESSAY

Name:

Last

Jr., etc First

Middle

Requirements:

1. Up to two double spaced typed pages
2. 12 point font
3. 1 inch margins all around

Purpose: The purpose of this essay is to gauge your writing skill as well as your ability to reflect on the diversity of your life experiences and how these experiences relate to becoming a physical therapist. The following question has two main components. One relates to your life experiences and the other relates to your perception of the characteristics of an ideal physical therapist.

Question: Describe and interpret your experiences with people who are socioeconomically disadvantaged, members of minority groups (racial, ethnic, cultural, religious), mentally impaired, in age groups different from your own, and others different from yourself. In your discussion include how experiences may contribute to you becoming an effective physical therapist for all members of society.

Please attach your response in the required format.

MARQUETTE UNIVERSITY
Physical Therapy Undergraduate Degree Completion Form

I certify that _____
Student's name

Has a workable plan of intent to complete his/her bachelor's degree by

_____ * with a major of
date

_____ if he/she successfully
list major

completes the course of study as identified in his/her academic plan.

** The undergraduate degree must be completed prior to the start of the final year of the program.*

Signature of Adviser

Date

Applications due February 1.

Return this form to the Department of Physical Therapy
Schroeder Complex Room 346
or fax to 288-5987

