

**MARQUETTE UNIVERSITY**

**Application**

**Doctor of Physical Therapy (DPT)  
Professional Phase**

**New Student  
Fall Admission**



**MARQUETTE  
UNIVERSITY**

---

**College of Health Sciences**

You should file this application if:

1. You have not previously attended Marquette University credit courses in a fall or spring semester.
2. You seek admission to the Professional Phase of the Doctor of Physical Therapy (DPT) Program.
3. You have at least a bachelor's degree from an accredited educational institution.
4. You have completed all or have no more than one of the prerequisite courses in progress. See page 4.
5. You have completed all of your hours of clinical experience (at least 80 hours) under the supervision of a licensed physical therapist. See page 6.

**Note:** Individuals who wish to transfer to Marquette University to complete an undergraduate degree should contact the Office of Undergraduate Admission at (800) 222-6544.

Individuals with a degree who wish to enroll at Marquette University to complete the prerequisite coursework for the DPT should contact the Department of Professional Studies via e-mail at [mcps@marquette.edu](mailto:mcps@marquette.edu); call (414) 288-3153; or fax request to (414) 288-3298.



## New Student Application Requirements and Deadlines

### APPLICATION CHECKLIST

The following credentials must be submitted prior to the February 1 application deadline:

Part I (Biographical data)  
Part II (Prerequisites)  
Part III (Essay)  
Part IV (Clinical Hours Assessment and Verification)  
Attach copy of transcript(s). Have official transcript(s) sent to Marquette as noted below.  
Attach copy of Graduate Record Examination (GRE) results. Have official results sent to Marquette as noted below

Applicants will be notified of their admission status by mid-March.

### Financial Aid

If you wish to apply for need-based financial assistance (loans or employment) YOU MUST:

1. Apply for admission, using the attached application form;
2. Provide your Social Security Number in the appropriate space on the attached application form;
3. File the Free Application for Federal Student Aid (FAFSA) online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).

The FAFSA form must be submitted on an annual basis as soon after January 1 as possible. (Although it is NOT necessary to complete your income tax forms before filing the FAFSA, we recommend that you report income figures as accurately and completely as possible.) Questions regarding financial assistance should be directed to the Office of Student Financial Aid; Marquette University; 707 N. 11<sup>th</sup> St., 5<sup>th</sup> floor, Milwaukee, Wisconsin 53201-1881; or call: (414) 288-7390.

### Mailing Instructions

The completed application (Parts I and II) should be detached from these instructions and mailed with your \$40.00 non-refundable application fee to Marquette in the enclosed envelope to:

Marquette University  
Department of Physical Therapy  
Schroeder Complex Room 346  
P.O. Box 1881  
Milwaukee, Wisconsin 53201

Checks or money orders for the application fee should be made payable to Marquette University. If you have any questions regarding the application process, please write to the following address:

Marquette University  
Department of Physical Therapy  
Schroeder Complex Room 346  
P.O. Box 1881  
Milwaukee, WI 53201-1881

Send official transcript(s) to:  
Marquette University  
Department of Physical Therapy  
Schroeder Complex Room 346  
P.O. Box 1881  
Milwaukee, WI 53201-1881

or call at (414) 288-7161.

Send official GRE results to:  
Marquette University  
Attn: Physical Therapy Admissions  
P.O. Box 1881 Milwaukee, WI 53201-1881

**GRE Institution Code for Marquette: 1448**  
**GRE Department Code for Physical Therapy: 0619**

# MARQUETTE UNIVERSITY

## College of Health Sciences

New Student Application Form for Admission to the Doctor of Physical Therapy (DPT) Professional Phase

### PART I - APPLICATION FORM

PLEASE PRINT

#### A. Autobiographical Information

**Special note:** Marquette University admits students based on academic qualifications. Data collected from "optional" questions are used for research and provision of special services.

**Name:** \_\_\_\_\_  
Last Jr., etc. First Middle

**Gender:**  Male  Female **Title:** (optional)  Mr.  Mrs.  Ms.  Rev.  Sr.  Br.  Dr.  Rabbi

If any of your records are listed under another name(s), please indicate:

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Permanent home mailing address:** \_\_\_\_\_  
Number & Street  
\_\_\_\_\_  
City State ZIP code  
\_\_\_\_\_  
County

**Home telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Work telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Current mailing address if different from above:**  
\_\_\_\_\_  
Number & Street  
\_\_\_\_\_  
City State ZIP Code

**Preferred E-mail Address:** \_\_\_\_\_

**Current telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

This current address and telephone are effective until: \_\_\_\_ \_\_\_\_ \_\_\_\_  
Month Day Year

**Date of birth:** \_\_\_\_ \_\_\_\_ \_\_\_\_ **City of birth:** \_\_\_\_\_  
Month Day Year City State

**Citizenship:**  U.S. Citizen  Permanent Resident  Not a U.S. Citizen or Permanent Resident: Explain \_\_\_\_\_

(Students who are not U.S. citizens or permanent residents will also be required to meet other legal requirements for enrollment. Please contact the Office of Campus International Education at (414-288-7289 or [www.marquette.edu/OIE/index.shtml](http://www.marquette.edu/OIE/index.shtml)).

**Ethnic/racial group:** (optional) Please indicate your predominant ethnic background:

1. Are you Hispanic/Latino?  Yes  No

2. Select one or more from the following races:

- American Indian or Alaska Native  Black or African American  White  
 Asian  Native Hawaiian or Other Pacific Islander

Language most frequently spoken in your home: \_\_\_\_\_

**Religious preference:** (optional) Please indicate your religious preference (or the classification which most closely identifies your religion):

- Baptist  Evangelical  Methodist  Presbyterian  Other or None Declared  
 Eastern Orthodox  Jewish  Muslim  Roman Catholic  
 Episcopalian  Lutheran  Pentecostal/Apostolic  United Church of Christ

## B. Parents, Guardian or Spouse

**Name of parent/guardian:** \_\_\_\_\_  
Last Jr., etc. First  
Attended Marquette:  Yes  No College graduate:  Yes  No If yes, what school? (if not Marquette) \_\_\_\_\_  
\_\_\_\_\_ If applicable, maiden name: \_\_\_\_\_

**Name of other parent/guardian:** \_\_\_\_\_  
Last Jr., etc. First  
Attended Marquette:  Yes  No College graduate:  Yes  No If yes, what school? (if not Marquette) \_\_\_\_\_  
\_\_\_\_\_ Parent(s)' Occupation? \_\_\_\_\_  
If applicable, maiden name: \_\_\_\_\_

**Name of spouse (if applicable):** \_\_\_\_\_  
Last Jr., etc. First  
Attended Marquette:  Yes  No If applicable, maiden name: \_\_\_\_\_

## C. College Studies

**List in order (most recent first) all 4-year colleges and universities (including Marquette) you have attended or are attending.**  
(If you have attended Marquette credit courses other than in summer session and are seeking readmission, you must contact the Office of the Registrar at (414) 288-7034.)

College or University	City:	State:	Dates of attendance (month/year):	For Office Use
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____

**Please list on a separate sheet any other colleges you have attended (example: community colleges or 2-year extension campuses).**

List the degree(s) you have received, the dates the degrees were conferred and your academic major(s):

Degree:	Date Conferred	Academic Major(s):
_____	_____	_____
_____	_____	_____

**If you have not received an undergraduate degree, please indicate when you plan expect the degree to be awarded and from what institution.**

Expected Degree/Academic Major(s)	Expected Completion Date:	College/University Conferring Degree
_____	_____	_____

If you enroll at Marquette, will you be **simultaneously** attending another college or university?  Yes  No

## D. Undergraduate Degree Plan Verification

**Complete if you do not have a degree.**

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 List major

if he/she successfully 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 Title

\_\_\_\_\_  
Date Institution

**Application Continues =>**

**Miscellaneous:** Have you ever been convicted of a felony?  Yes  No

If yes, attach explanation. Felony conviction may affect your admission qualification.

## E. Please Read and Sign

I certify that the information given on this application is complete and correct to the best of my knowledge, and that I have not attended institutions other than those listed. I understand that I am responsible for arranging for the forwarding of official transcripts from schools I have attended, and that such transcripts become the property of Marquette University and will not be returned. I understand that any falsification of my records may be cause for the university to void either my admission or registration or take other appropriate action. I understand that some degrees, majors and/or courses may require me to submit to criminal background checks and/or drug testing. I further understand that the results of those checks and/or tests may affect my eligibility to continue in that degree, major and/or course.

Signature

Date

Marquette University does not discriminate in any manner contrary to law or justice on basis of race, color, age, religion, veteran's status, sex, national origin or disability in its educational programs or activities, including employment and admissions. At the same time, Marquette cherishes its right and duty to seek and retain personnel who will make a positive contribution to its religious character, goals and mission. Marquette University publishes the *Safety Resource Guide*, a booklet which includes campus crime statistics and crime prevention strategies. Printed copies are available from the Department of Public Safety, Marquette University, P.O. Box 1881, Milwaukee, WI 53201-1881; or by calling (414) 288-7320.

Send it in!

## Applications due February 1 (or last normal working day prior to February 1st)

Return this completed application to the Department of Physical Therapy.

### Mail to:

Department of Physical Therapy  
Schroeder Complex, 346  
P.O. Box 1881  
Milwaukee, WI 53201-1881

### Fax to:

Department of Physical Therapy:  
(414) 288-5987

### Questions:

**Office of Undergraduate Admissions:**  
(800) 222-6544

**Department of Physical Therapy:**  
(414) 288-7161

**Office of Student Financial Aid:**  
Financial Aid Information and Application Status - (414) 288-7390  
Assistance - (414) 288-0200  
financialaid@marquette.edu

**For International Students:**  
**Office of Campus International Education**  
(414) 288-7289 E-mail: [world@marquette.edu](mailto:world@marquette.edu)  
Fax number (414) 288-3701  
web address: [www.marquette.edu/oie/index.shtml](http://www.marquette.edu/oie/index.shtml)

# MARQUETTE UNIVERSITY

New Student Application Form for Admission to the Doctor of Physical Therapy (DPT)

**Professional Phase**  
**PART II-PREREQUISITES**

**1. Required Courses** *Courses must be or have been completed at an accredited 4-year educational institution*

1. An application will be considered only if this form is completed.
2. Only courses in which a grade of "C" or higher are received will satisfy the requirements.
3. All information is to be printed or typed carefully and accurately.
4. Make a copy of this form for your own reference
5. Submit final transcript that includes grade(s) for courses currently in progress

**NOTE:** A 2.4/4.0 grade point average in the courses below is the minimum required for your application to be processed but minimum of a 3.0 has been historically necessary to be competitive.

**Name:** \_\_\_\_\_  

Last
Jr., etc. First
Middle

**Major:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

Prerequisite Course Requirements 23 Sem. Cr.**	Dept & Course No.	Course Title	Grade***	Number of Units/Credits		4-year Accredited Institution	Year & Term Completed (use IP if in progress)	Planned Completion Year & Term	For Evaluator's Use Verification of Equivalency
				Sem.	Qtr.				
Biology 3 credits									
Chemistry I (Lec. & Lab) 4 credits									
Chemistry II (Lec. & Lab) 4 credits									
Physics I (Lec. & Lab) 4 credits									
Physics II (Lec. & Lab) 4 credits									
Statistics 3 credits									
*Medical Terminology									
*Motor Learning									

\*desirable electives

\*\*Transcripts of completed courses must accompany application

**2. Graduate Record Examination (GRE)**

If your undergraduate degree is not (or will not be) from Marquette, you must take the Graduate Record Examination (GRE).

Institution code for Marquette is **1448**. Department code for physical therapy is **0619**.

Date(s) on which you took or will take the GRE (GRE scores accepted within the past 5 years). \_\_\_\_\_

Send results to Department of Physical Therapy.

**Please note: to be competitive, scores should be greater or equal to V400/Q400/A4.0 with a total score of greater or equal to 1000**

**3. Clinical Experience**

In order to demonstrate an informed commitment to and understanding of the profession of physical therapy, you must have at least 80 hours of volunteer or paid experience in (a) physical therapy setting(s). These hours must have been completed within the past three years. These hours must be documented. Use the Marquette University Clinical Hours Assessment and Verification Form on page 6. Duplicate as needed.

**PART III 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, physically impaired, in age groups different from your own, and others different from yourself. In your discussion include how your experiences may contribute to you becoming an effective physical therapist for all members of society.

Please attach your response in the required format.

# Clinical Hours Assessment and Verification

## Doctor of Physical Therapy

### Part IV

\_\_\_\_\_ 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**

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

Additional Comments: (You may 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 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  
 346 Schroeder Complex  
 Marquette University  
 P.O. Box 1881  
 Milwaukee, WI 53201-1881  
 Fax (414) 288-5987

**Thank you**





---

Department of Physical Therapy  
P.O. Box 1881  
Milwaukee, Wisconsin 53201-1881  
(800) 222-6544 or (414) 288-7161