Application
Doctor of Physical Therapy (DPT)
Professional Phase

New Student
Fall Admission
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 or complete prerequisite coursework for the DPT should contact the Office of Undergraduate Admissions at (800) 222-6544.

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 unofficial transcript(s). Make sure to have undergraduate institution send official transcript(s) to Marquette Department of Physical Therapy 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.

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; Zilber Hall Room 121, 1250 W. Wisconsin Ave, Milwaukee, Wisconsin 53201-1881; or call: (414) 288-4000.

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

Official transcripts should be sent to the address of Marquette University, Department of Physical Therapy as stated above.

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 call the Physical Therapy Office 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
# 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.

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<thead>
<tr>
<th>Name:</th>
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<tr>
<td>Last</td>
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<td>Jr., etc.</td>
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<tr>
<td>First</td>
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<td>Middle</td>
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<tr>
<th>Gender:</th>
<th>Title: (optional)</th>
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<tbody>
<tr>
<td>□ Male</td>
<td>□ Mr.</td>
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<tr>
<td>□ Female</td>
<td>□ Mrs.</td>
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<td></td>
<td>□ Ms.</td>
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<td>□ Rev.</td>
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<td>□ Sr.</td>
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<td>□ Br.</td>
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<td></td>
<td>□ Dr.</td>
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<td></td>
<td>□ Rabbi</td>
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If any of your records are listed under another name(s), please indicate:

<table>
<thead>
<tr>
<th>Social Security Number:</th>
<th>__ __ - __ __ - __ __ __ __</th>
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<tr>
<th>Permanent home mailing address:</th>
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<tr>
<td>Number &amp; Street</td>
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<tr>
<td>City</td>
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<tr>
<td>State</td>
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<td>ZIP code</td>
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<td>County</td>
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<th>Home telephone:</th>
<th>Work telephone:</th>
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<th>Current mailing address if different from above:</th>
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<td>Number &amp; Street</td>
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<td>City</td>
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<tr>
<td>State</td>
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<td>ZIP Code</td>
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<tr>
<th>Preferred E-mail Address:</th>
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<th>Current telephone:</th>
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This current address and telephone are effective until: Month Day Year

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<tr>
<th>Date of birth:</th>
<th>City of birth:</th>
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<td>__ __ - __ __</td>
<td>City</td>
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<td>Month</td>
<td>State</td>
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<tr>
<th>Citizenship:</th>
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<tbody>
<tr>
<td>□ U.S. Citizen</td>
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<tr>
<td>□ Permanent Resident</td>
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<tr>
<td>□ Not a U.S. Citizen or Permanent Resident: Explain</td>
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(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).

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

Application Continues ➢
B. Parents, Guardian or Spouse

Name of parent/guardian: ________________________________________________________________________________________________________

Last Name: __________ Jr., etc. __________ First Name: __________

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 Name: __________ Jr., etc. __________ First Name: __________

Attended Marquette: □ Yes □ No College graduate: □ Yes □ No

If yes, what school? (if not Marquette) __________________________________________________________

If applicable, maiden name: ___________________________________________________________________

Name of spouse (if applicable): ______________________________________________________________________________________________________

Last Name: __________ Jr., etc. __________ First Name: __________

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) 288-4000.)

<table>
<thead>
<tr>
<th>College or University</th>
<th>City:</th>
<th>State:</th>
<th>Dates of attendance (month/year):</th>
<th>For Office Use</th>
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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

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 ➢
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:

Marquette University
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) 288-4000
Assistance - (414) 288-4000
financialaid@marquette.edu

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

Application Continues ➞
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: ___________________________

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<tr>
<th>Prerequisite Course Requirements 23 Sem. Cr.**</th>
<th>Dept &amp; Course No.</th>
<th>Course Title</th>
<th>Grade***</th>
<th>Number of Units/Credits</th>
<th>4-year Accredited Institution</th>
<th>Year &amp; Term Completed (use IP if in progress)</th>
<th>Planned Completion Year &amp; Term</th>
<th>For Evaluator’s Use Verification of Equivalency</th>
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<td>Biology 3 credits</td>
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<td>Chemistry I*** (Lec. &amp; Lab) 4 credits</td>
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<tr>
<td>Chemistry II (Lec. &amp; Lab) 4 credits</td>
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<td>Physics I*** (Lec. &amp; Lab) 4 credits</td>
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<td>Physics II (Lec. &amp; Lab) 4 credits</td>
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<td>Statistics 3 credits</td>
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<td>*Medical Terminology</td>
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<tr>
<td>*Motor Learning</td>
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**desirable electives  
**Transcripts of completed courses must accompany application  
***Advanced Placement (AP) and/or International Baccalaureate (IB) credits may be applied towards DPT pre-requisite courses with exception of CHEM 1002 and PHYS 1002. These two pre-requisite courses must be completed at an accredited 4-year institution. Please note that AP and IB credits awarded by MU are credit-bearing only and are not included in grade point average (GPA) calculations.

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 toV450/Q 600/A4.0 with a total score of greater or equal to 1100 (before November 2011)  
New score system as of November 1, 2011: V150/Q150/A4.0

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:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Please circle one response for each category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking advantage of learning opportunities:</td>
<td>always</td>
</tr>
<tr>
<td>Reliability, punctuality, follow through:</td>
<td>excellent</td>
</tr>
<tr>
<td>Enthusiasm for becoming a Physical Therapist:</td>
<td>always high</td>
</tr>
<tr>
<td>Interpersonal skills (staff and patients):</td>
<td>excellent</td>
</tr>
<tr>
<td>Caring/Helpful:</td>
<td>always</td>
</tr>
<tr>
<td>Appearance (attire; hygiene):</td>
<td>professional</td>
</tr>
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</table>

Additional Comments: (You may attach additional sheets if needed)
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Number of hours completed: Inclusive dates of hours (e.g. 10/10-1/11) ____________________________

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

Thank you