



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 Pre-requisites 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 pre-requisite 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.

Please note: PT-related observation hours are not officially required. However, observing in a variety of physical therapy settings and with different patient populations is the best means to demonstrate your understanding of and commitment to the profession during the application process. A minimum of 2 letters of recommendation are required. Applicant must send one reference from a licensed Physical Therapist. A second or third letter may come from another Physical Therapist or from a Professor in the student's major. Maximum 3 letters accepted.

If you have any questions about completing the forms, 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	

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, 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 (414) 288-5987

