

College of Health Sciences Physical Therapy

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, 560 North 16th 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 prerequisite 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 Social Security Number:	First	MUID Number	Middle	
Social Security Number		MOID MUINDER	·	. — — —
Date of Birth: Month Day Year Permanent home mailing address:				
Nur	mber & Address			
Cit.	Charles	ZID Code		
City	State	ZIP Code	County	
Home telephone: ()	Work t	elephone: ()	
Current mailing address if different from				
	Number & Street			
City	State	ZIP Code		
Current telephone: ()	_ •	Preferred e-m	ail address	
Citizenship: U.S. citizen, perr	nanent resident or immigran	it □U.S. visa ho	lder	
Are you currently enrolled at Marquet	te: Yes No (if no,	date last attended):	
Do you have an undergraduate degre	e: Yes Institution:		Date:	
	☐ No (expected date of the last of th	of graduation):		
Have you attended any other colleges	or universities: Yes (if	f yes, list all other s	schools and dates)	□No
			To	_
			To	
		From	То	

MARQUETTE UNIVERSITY

PART II-Prerequisites for Marquette Internal Transfer Students

Documentation of Prerequisites

NAME:____

MUID: _____

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.

Middle

_____ MAJOR:_____ DATE:____

First

Prerequisites 31 Sem. Cr.	Dept. & Course #	Course Title	Grade	Number of Units/Credits 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)						
Intro to Lifespan Dev, Development, or Abnormal Psyc							
**1st Anatomy & Physiology (min.5))						
**2 nd Anatomy & Physiology (if needed)							
of a programmed text students accepted into **The anatomy and ph majors and undergrad course (BISC 3135 or o	and written de o the professio ysiology requi uate majors th equivalent) AN	partmental test i onal phase of the rement can be fo at do not require D a separate ph	n medica program ulfilled with anatomy ysiology o	I terminology wo th the following y and physiology	cal terminology in lieu of ould meet this requirement options: a two-course so y (BISC 1035, EXPH 2045 45 or BIOL 4701, or equi	ent and is offero equence of A&I 5); or a separato	ed to the P for EXPH
Prerequisite Courses		· ·		_			
☐ Have complet prerequisites	ed no more tha have been con	2.67 of prerequis an two prerequis npleted with a C d unless taken a	ites with + or highe	grade of C. C- is	s not acceptable. All oth	ner	
up to 7 credits ☐ At least 16 cre	s can be taken edits of the pre	at a community	college, 2	2-year, or techni	ited 4-year institution; h cal school. een completed at Marqu		sified as an
exception of A taken at an ac	cement (AP) a Anatomy and P credited 4-yea	hysiology, CHE	M 1002, a ease note	nd PHYS 1002.	dits may be applied towa These prerequisites are ts are awarded by MU ar	strongly recom	mended to be

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

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.

Question: Describe and interpret your experiences with people who are socioeconomically disadvantaged, members of minority groups (racial, ethnic, cultural, religious), mentally impaired, or in age groups different from your own. 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 co	omplete 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 un	ndergraduate degree must be completed	l prior to the start of the final year of the progr
•	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

