MARQUETTE UNIVERSITY

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 Prerequisites 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 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 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_____

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PART II-Pre-requisites for Marquette Internal Transfer Students

Pre-requisite 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 fifteen of the pre-requisite course credits (31-32) must have been completed at Marquette to be classified as an internal transfer student.**
- **Advanced Placement (AP) and/or International Baccalaureate (IB) credits may be applied towards DPT pre-requisite courses with the 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.**
- **No on-line courses except if the courses are from Marquette.**

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 31-32 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)							
Development or Abnormal Psyc (3)							
**1st Anatomy & Physiology (min. 5)							
**2nd Anatomy & Physiology (if needed)							

****The anatomy and physiology requirement can be fulfilled with a one-semester A&P class (BISC 1015 or equivalent); a two-course sequence of A&P (BISC 2015/2016 or equivalents); or a separate anatomy course (BISC 2135 or equivalent) AND a separate physiology course (BISC 4145 or BIOL 3701, or equivalent). For MU majors that don't require anatomy and physiology, BISC 1015 is the recommended class to fulfill this requirement.**

Note: For courses that have been repeated, the new grade will be used for calculating the pre-requisite 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. 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

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