

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 
,		_	
Date of Birth:			
Permanent home mailing address:	lumber & Address		
ין	iumber & Address		
City	State	ZIP Code	County
Home telephone: ()	Work	telephone: ()	
Current mailing address if different	from above:		
3	Number & Street		
City	State	ZIP Code	
Current telephone: ()		Preferred e-mail a	ddress
Citizenship: U.S. citizen, po	ermanent resident or immigrar	nt U.S. visa holder	☐ Other
Are you currently enrolled at Marqu	ette: Yes No (if no,	date last attended):	
Do you have an undergraduate deg	ree: Yes Institution:	D	ate:
	☐ No (expected date	of graduation):	
Have you attended any other colleg	es or universities:  Yes (i	f yes, list all other scho	ols and dates)
-		From	<b>—</b>
		From	To
-		From	То

## MARQUETTE UNIVERSITY

## **PART II-Prerequisites for Marquette Internal Transfer Students**

**Documentation of Prerequisites**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:							
MUID: First MAJOR:			Middle DATE:				
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	(3)						
**1st Anatomy & Physiology (min.5							
**2 <sup>nd</sup> Anatomy & Physiology (if needed)							
of a programmed tex students accepted in **The anatomy and p majors and undergra course (BISC 3135 or	t and written dep to the profession hysiology requir duate majors tha equivalent) ANI	partmental test in the phase of the the phase of the phase of the phase of the the phase of the phase of the phase of the phase of the the phase of the phase of the phase of the phase of the phase of the the phase of the phas	n medical program. Ifilled with anatomy siology c	terminology wo the following of and physiology ourse (BISC 414	al terminology in lieu of uld meet this requirement options: a two-course se (BISC 1035, EXPH 2045 5 or BIOL 4701, or equi 5 years; all other prerec	ent and is offered equence of A&P i); or a separate valent).	for EXPH anatomy
I confirm the prerequ	isite courses do	meet the follow	ing criteri	a:			
☐ I have compl	mum of 2.67 of peted no more the have been com	an two prerequis	sites with		derstand C- is not acce	ptable, and that	all other
Physics 2, ar		nysiology which	must be t		pleted in-person or onli I also understand repe		
☐ I understand up to 7 credi☐ I have at leas☐ I understand towards DPT	my application ts can be taken a t 16 credits of th Advanced Place prerequisites e	is more competing to a community of a community of the prerequisite comment (AP) Interecept for Anator	tive if I co college, 2- ourse cre national B ny and Ph	year, or technic dits (32) comple accalaureate (IE ysiology, CHEM	uisites at an accredited	ualify as an inter nt credits may b Please note AP	rnal applicant. be applied , IB, and/or
Note: For courses that	have been repea	ted, the new grad	de will be u	sed for calculatin	ng the prerequisite grade	points average (0	SPA).
Student Signature				<b>-</b> _			
				2			

#### 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 an experience(s) with individuals whose social identity make-up is different from your own. In your discussion, include how these 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	
	Stuc	ent's name
	Has a workable plan o	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 u	ndergraduate degree must i	e 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

