

Supplemental Application for the Doctorate in Physical Therapy Program

Students completing this application should have already applied to the Graduate School of the University of Connecticut. Consideration for admission is dependent upon prior admission to the Graduate School. There are some intentional redundancies between this application and that of the Graduate School. This form should be mailed along with your recommendation letters to: University of Connecticut, Graduate School, 438 Whitney Road Ext, Unit 1006, Storrs, CT 06269-1006.

Prerequisite Coursework Checklist

Below is a list of prerequisite courses required by the Doctorate in Physical Therapy program. If the prerequisite coursework listed below is not completed or underway, your application will NOT be reviewed. To be eligible to apply to the Doctorate in Physical Therapy Program, you must have a B.S. degree and have completed all prerequisite courses for Physical Therapy (listed below) by the end of **Spring Semester of the admission year**.

In the space after each course listed below, record the date you completed it or will complete it:

Course Title	— Choose One —	
	Month/Year Completed	To Be Completed Spring of Admission Year
General Chemistry I with laboratory		
General Chemistry II with laboratory		
Physics I with laboratory		
Physics II with laboratory		
Anatomy & Physiology I with laboratory *		
Anatomy & Physiology II with laboratory *		
Psychology (6 credits)		
Statistics		
Biology **		
Mathematics (Pre-Calculus or higher)		

* Upper division level at a 4-year institution

** Human or cellular physiology preferred

By my signature, I certify that the personal and academic information given on this application is complete and accurate. Failure to disclose fully and accurately all facts relating to this application may be grounds for revocation of admission.

Signature

Date

1. Personal Data:

Name: _____
Last First Middle

SS# (optional): _____ PeopleSoft ID (if UConn student) _____

2. Admission Data:

I have previously applied to the Department of Physical Therapy at the University of Connecticut:

Yes No If "Yes", list date(s) for which applications were filed:

I have/will have a BA/BS degree (minimum) and am classified as (check one):

- University of Connecticut student
- Transfer student (List University/school): _____
- International student

3. Professional Credentials and/or Certifications: (including certification in CPR, CSCS, ATC, etc.)

Title	Date Obtained
1.) _____	_____
2.) _____	_____
3.) _____	_____
4.) _____	_____
5.) _____	_____
6.) _____	_____

4. Extracurricular Activities Since High School:

List community service, leadership, membership in professional organizations, clubs, intramural or varsity sports, music, religious or civic activities, etc.)

Activity	Description	Dates
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____
4.) _____	_____	_____
5.) _____	_____	_____
6.) _____	_____	_____

5. Experience:

Identify experiences appropriate to each category; if you have no experience in a particular category, indicate this with the word "NONE". Attach additional sheets if necessary.

Employment:

Position	Institution/Agency	Dates
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- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

Health Observation/Volunteer Experience:

Position	Institution/Agency	Dates	Location	Contact
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- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

Professional Workshops or Continuing Education Courses attended:

Activity	Dates	Brief Description
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- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

6. Recommendations:

In addition to unstructured letters of recommendation required by the Graduate School, applicants to the Doctorate in Physical Therapy Program must supply the Admissions Committee with at least two (2) but not more than three (3) letters of recommendation using the forms available online at <http://www.education.uconn.edu/departments/pt>. The individuals completing the forms may be the same as those sending letters to the Graduate School. One of the references **MUST** be an academic reference (faculty/instructor). Letters of recommendation must be sent in a sealed envelope that has been signed across the seal by the evaluator. Please include your letters of recommendation along with your application to the Graduate School.

7. Personal Statement

Your 500-word personal statement submitted to the Graduate School should address the basis of your interest in physical therapy and your career interests. If there have been any unusual occurrences in your academic background, they should be addressed in your statement. For example, if an illness or family problem has had an adverse effect upon your academic progress or success, an explanation should be offered. It is important to stress the positive steps taken since that time.

8. Official Transcripts

Official transcripts sent to the Graduate School should be inclusive of **all** institutions attended. Your application will not be considered complete without this documentation.