DOCTOR OF PHYSICAL THERAPY APPLICATION

For Current or Former Marquette Students Only PART I

 $\begin{array}{ll} \textbf{Please print or type all information.} & \textbf{Missing information will delay processing of your application.} & \textbf{Return this application together with the Pre-} \\ & \textbf{0 North 16} \end{array}$

th 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

you fulfilled necessary prerequisite ference from a licensed Physical Therapist. A second or third letter may come from another Physical Therapist or from a offessor in the students 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.

Name:				
Last	First		Middle	
Social Security Number:	-	MUID Number:		
Date of Birth:				
Month Day	_134			
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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 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

MARQUETTE UNIVERSITY Physical Therapy Undergraduate Degree Completion Form

I certify	.hat				
•	Stı	udent's name			
Has a wor	kable plan	of intent t	o comple	te his/he	r bachelor's degree b
					* with a majo
date					
					_ if he/she successfu
list major	•				_
complete	s the course	e of study	as identi	fied in h	is/her academic plan
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

