**APPLICATION FOR ADMISSION**

**Doctor of Physical Therapy Track 1A**

**Department of Physical Therapy
1320 W. Lombard Street**

**Davenport, Iowa 52804**

**563/333-6403**

**pt@sau.edu**

**Applicants must first complete a separate St. Ambrose University Application for Admission for Undergraduate Students. Apply online at** [**http://www.sau.edu/admissions/first-year/apply**](http://www.sau.edu/admissions/first-year/apply) **or contact the Admissions office.**

**Please FILL IN the boxes in this application. Email completed application and other required documents to PT@SAU.EDU**

**Student Information To be completed by applicant.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (use your legal name)  |       |       |       |
|  | LAST | FIRST | MIDDLE |

Preferred Name

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address  |       |   |  |
|  | NUMBER & STREET |  |  |

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|       |       |       |  |
| CITY | STATE  | ZIP/POSTAL CODE |  |

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| --- | --- | --- | --- |
| Cell Telephone Number  |       | Alternate Phone Number  |       |

|  |  |  |  |
| --- | --- | --- | --- |
| E-mail Address  |       | Alternate E-mail Address  |       |

Date of Birth

Citizen of the United States? YES [ ]  NO [ ]  If no, present citizenship:

Visa Type (if applicable)

International Students:

Visa holders are subject to federal non-immigrant laws that vary based on type of visa. For information on admission requirements and academic guidelines for your visa type, contact the International Student Services office, global@sau.edu or visit [www.sau.edu/international](http://www.sau.edu/international).

Gender: FEMALE [ ]  MALE [ ]

*The following questions are asked to collect data on ethnicity and race. Information supplied will remain confidential and will not affect admission.*

**Select one or more of the following to describe your racial origin:**

[ ]  American Indian or Alaskan Native [ ]  White (not of Hispanic origin) [ ]  Decline to State

[ ]  African-American/Black (Non-Hispanic) [ ]  Hispanic/Latino

[ ]  Asian or Pacific Islander [ ]  Other (self-describe):

How did you hear about the program?

|  |  |  |
| --- | --- | --- |
|  [ ]  SAU Website  | [ ]  Relative  | [ ]  High School Counselor  |
|  [ ]  Physical Therapy Department Website  | [ ]  Friend  | [ ]  SAU Admissions Representative  |
|  [ ]  APTA Website  | [ ]  St. Ambrose Alumni  | [ ]  College Visit |
|  [ ]  Radio  | [ ]  Current Student  |   |
|  [ ]  Television  | [ ]  Other (please specify)        |   |

**Academic Information**

Please list all high schools attended starting with the most recent.

|  |  |  |  |
| --- | --- | --- | --- |
| **HIGH SCHOOL ATTENDED** | **CITY, STATE** | **DATE OF ATTENDANCE (MO/YR to MO/YR)** | **GRADUATION DATE** |
|       |       |       |       |
|       |       |  |  |
|       |       |  |  |

**Current unweighted high school cumulative GPA:**

List the high school courses you have completed in the following areas:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **COURSE NAME** | **YEAR TAKEN** | **GRADE RECEIVED**  |
| **BIOLOGY (one year required)** |       |       |       |
|       |       |       |
| **CHEMISTRY (one year required)** |       |       |       |
|       |       |       |
| **PHYSICS (recommended)** |       |       |       |
|       |       |       |

**Extracurricular Activities**

Please list most recent first and indicate any leadership roles.

|  |  |  |
| --- | --- | --- |
| ACTIVITY | POSITION HELD | DATES OF ACTIVITIES (MO/YR to MO/YR) |
|       |       |       |
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**Honors and Awards**

Please list most recent first.

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| --- | --- |
| **AWARD TITLE** | **DATE AWARDED (MO/YR)** |
|       |       |
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**College and University Academic Information**

List college and university credits earned. Include CLEP and/or advanced placement credits.

|  |  |  |  |
| --- | --- | --- | --- |
| **COLLEGE/UNIVERSITY** | **COURSE NUMBER/COURSE NAME** | **CREDITS EARNED** | **GRADE RECEIVED** |
|       |       |       |       |
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**Work Experience**

Please list most recent first.

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| --- | --- | --- | --- |
| **JOB POSITION/TITLE** | **EMPLOYER NAME & PHONE** | **AVERAGE HOURS/WEEK** | **DATES EMPLOYED (MO/YR to MO/YR)** |
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**Volunteer and Service Activities**

Please list most recent first.

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| --- | --- | --- | --- |
| **ORGANIZATION NAME** | **HOURS OF SERVICE** | **POSITION HELD** | **DATES OF SERVICE (MO/YR to MO/YR)** |
|       |       |       |       |
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**Personal Goal Statement**

In a separate typed document, use your own words to create a personal essay describing your reasons for pursuing a career in physical therapy, and the personal characteristics you possess which will help you realize that goal. Please limit your response to approximately 4500 characters, including spaces.

**Hours of Observation**

Documentation of Observation Hours forms is available online. This document must be included with this application, demonstrating that you have completed at least 10 hours of observation with at least one licensed physical therapist.

**Socioeconomic Indicators**

Do you wish to be considered as a disadvantaged applicant that may consider such factors (economic, environment, educational) as part of their review process:

[ ]  Yes [ ]  No

You grew up in a medically underserved area:

[ ]  Yes [ ]  No [ ]  Wish Not To Respond

I am the first generation to enroll in Higher Education:

[ ]  Yes [ ]  No [ ]  Wish Not To Respond

I am from a family that receives federal or state assistance (e.g., Aid to Families with Dependent Children, food stamps, Medicaid, public housing):

[ ]  Yes [ ]  No [ ]  Wish Not To Respond

**Documentation and Enclosures Checklist**

I have requested that an official copy of my high school transcript(s) be sent to the SAU Admissions office. My transcript(s) will document that:

[ ]  my cumulative high school GPA is at least 3.50 (on 4.0 scale)

[ ]  my completion of one year each of high school chemistry and biology

I am attaching:

[ ]  Personal Goal Statement

[ ]  Documentation of Observation Hours form, demonstrating at least 10 hours of observation with at least one physical therapist

Request transcript(s) be sent to: **Office of Admissions, St. Ambrose University, 518 W. Locust Street, Davenport, IA 52803**

Email application and attachments to: **Physical Therapy Department, St. Ambrose University,** **pt@sau.edu**

**Certification**

By typing my name below, I certify that to the best of my knowledge, all information given on this application is correct and complete. I understand any material omission or misinformation may void my admission or result in dismissal. If this application is accepted, I agree to abide by the rules and regulations of St. Ambrose University as set forth in the catalog, student handbook, or other official documents of St. Ambrose University. This typed signature will hold as an official signature on this document.

Signature of applicant \_\_\_\_      \_\_\_\_ Date \_\_\_\_     \_\_\_