

**Supplemental Application for the**

**Doctor of Physical Therapy Program**

The Doctor of Physical Therapy Program supplemental application is required as a component of the Graduate School application.

1. **Personal Data:**

Name: PeopleSoft ID\* *(if UConn student)*

\*Used for administrative purposes only

1. **Observations or Experience:**

In the space below please provide information on Physical Therapy or other Health Care observations, volunteerism or employment experiences:

**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.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:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***— Choose One —***  **Course Title Institution Course # of Grade Month/Year To Be Completed**  **Number Credits 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 w/ laboratory \*# |  |  |  |  |  |  |
| Psychology (2 courses required) |  |  |  |  |  |  |
| Psychology |  |  |  |  |  |  |
| Statistics |  |  |  |  |  |  |
| Biology \*\* |  |  |  |  |  |  |
| Mathematics (Pre-Calculus or higher) |  |  |  |  |  |  |

*\* May be fulfilled by separate courses in anatomy and physiology*

*# strongly recommend completion at 4-year institution*

*\*\* Course content should relate to mammalian/human biological function*

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

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 & Printed Name Date***