



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 First Middle

Social Security Number: ___ - ___ - _____ MUID Number: ___ - ___ - _____

Date of Birth: ___ / ___ / ___
Month Day Year

Permanent home mailing address: _____
Number & Address

City State ZIP Code County

Home telephone: (___ ___) ___ - _____ Work telephone: (___ ___) ___ - _____

Current mailing address if different from above: _____
Number & Street

City State ZIP Code

Current telephone: (___ ___) ___ - _____ Preferred e-mail address _____

Citizenship: U.S. citizen, permanent resident or immigrant U.S. visa holder Other

Are you currently enrolled at Marquette: Yes No (if no, date last attended): _____

Do you have an undergraduate degree: Yes Institution: _____ Date: _____
 No (expected date of graduation): _____

Have you attended any other colleges or universities: Yes (if yes, list all other schools and dates) No

From _____ To _____

From _____ To _____

From _____ To _____

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: _____
Last First Middle

MUID: _____ **MAJOR:** _____ **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)							
**1 st Anatomy & Physiology (min.5)							
**2 nd Anatomy & Physiology (if needed)							

***Waived for accepted transfers but will need to document proficiency in medical terminology in lieu of Intro to PT Class. Completion of a programmed text and written departmental test in medical terminology would meet this requirement and is offered to the students accepted into the professional phase of the program.**

****The anatomy and physiology requirement can be fulfilled with the following options: a two-course sequence of A&P for EXPH majors and undergraduate majors that do not require anatomy and physiology (BISC 1035, EXPH 2045); or a separate anatomy course (BISC 3135 or equivalent) AND a separate physiology course (BISC 4145 EXPH 7140, or BIOL 4701, or equivalent).**

*****Chem 1002, Phys 1002, and Anatomy & Physiology need to be taken within 5 years; all other prerequisites need to be taken within 7 years.**

I confirm the prerequisite courses do meet the following criteria:

- I have a minimum of 2.67 of prerequisite coursework.
- I have completed no more than two prerequisites with grade of C. I understand C- is not acceptable, and that all other prerequisites have been completed with a C+ or higher.
- I understand that I can retake no more than one prerequisite course. If a course is repeated, the higher grade is used in the prerequisite calculation.

- I understand DPT prerequisite courses taken elsewhere may be completed in-person or online.
- I understand my application is more competitive if I completed prerequisites at an accredited 4-year institution; however, up to 7 credits can be taken at a community college, 2-year, or technical school.
- I have at least 16 credits of the prerequisite course credits (32) completed at Marquette and qualify as an internal applicant.
- I understand Advanced Placement (AP) International Baccalaureate (IB), and/or dual enrollment credits may be applied towards DPT prerequisites except for Anatomy and Physiology, CHEM 1002, and PHYS 1002. Please note AP, IB, and/or dual enrollment credits awarded by MU are credit bearing only and are not included in grade point (GPA) calculations.

Note: For courses that have been repeated, the new grade will be used for calculating the prerequisite grade points average (GPA).

Student Signature _____

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 _____
Student's name

Has a workable plan of 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 undergraduate degree must be 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

