

Doctor of Physical Therapy Program PRE-REQUISITE FORM

Personal Information

Student Name:

Last *First* *M.I.*

Applying for Admission in: ___ Summer Year ___

Pre-Requisite Record

For each prerequisite course listed below, please indicate the course(s) that are in progress or to be completed and the anticipated date of completion.

	Semester/Year Completed	Anticipated Complete Date
Anatomy & Physiology I w/lab		
Anatomy & Physiology II		
Cell Biology/ Microbiology w/lab		
Chemistry I w/lab		
Chemistry II w/lab		
Physics I w/lab		
Physics II w/lab		
General/Introductory Psychology		
Development Psychology		
Statistics		

Comments:

Clinical Observation Hours	40 Hours Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated Completion Date: _____
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Signature: _____	Date: _____
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*Please note: If you are asking to substitute a course that is not clearly titled/defined for a prerequisite, it will be up to the discretion of the DPT Program Director as to whether or not it will fulfill the prerequisite requirement. A course description must be submitted for consideration of any substitution request.