Doctor of Physical Therapy Program

**PRE-REQUISITE FORM**

<http://www.sage.edu/sgs/>

**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**  □ **Yes** □ **No** | | **Anticipated Completion Date:** |
| **Signature: Date:** | | | | |

\*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.