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.