



Department of Physical Therapy  
 518 W. Locust Street • Davenport, Iowa 52803  
 800/383-2627 • 563/333-6403  
 pt@sau.edu • www.sau.edu/pt

## APPLICATION FOR ADMISSION Track 1A Physical Therapy Program

Applicants must also complete a separate St. Ambrose University Application for Admission for Undergraduate Students. Apply online at <http://admissions.sau.edu/apply.htm> or contact the Admissions Office.

### Student Information

To be completed by applicant. *Type or print legibly in ink.*

Name (use your legal name) \_\_\_\_\_  
Last First Middle

Former legal name, if any \_\_\_\_\_  
Last First Middle

Other names under which your records might appear \_\_\_\_\_

Permanent address \_\_\_\_\_  
Number Street

City State Zip Country

Home telephone number \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Current address \_\_\_\_\_  
Number Street

City State Zip Country

Current phone \_\_\_\_\_

United States Social Security number    -   -

Are you a United States citizen?  yes  no If no, current citizenship \_\_\_\_\_

Visa type (if applicable) \_\_\_\_\_

- How did you hear about the program?
- |  |  |
|--|--|
| <input type="checkbox"/> SAU Website                         | <input type="checkbox"/> High school counselor         |
| <input type="checkbox"/> Physical therapy department Website | <input type="checkbox"/> SAU admissions representative |
| <input type="checkbox"/> APTA Website                        | <input type="checkbox"/> College visit                 |
| <input type="checkbox"/> Friend                              | <input type="checkbox"/> Other _____                   |

*Information on ethnic background and gender is requested on a voluntary basis to help SAU demonstrate compliance with state and federal laws against discrimination. Any information supplied will remain confidential. Declining to provide information will not affect admission.*

Date of birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Place of birth City \_\_\_\_\_ State \_\_\_\_\_

Ethnic background  American Indian  Asian/Pacific Islander  Black/Non-Hispanic  Hispanic  White/Non-Hispanic  
 Multiple ethnicities

Gender  male  female

## Academic Information

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List all high schools attended.

HIGH SCHOOL ATTENDED	CITY, STATE	DATE OF ATTENDANCE (MO/YR to MO/YR)	GRADUATION DATE
_____	_____	from ____ / ____ to ____ / ____	_____
_____	_____	from ____ / ____ to ____ / ____	_____
_____	_____	from ____ / ____ to ____ / ____	_____

Current high school cumulative GPA \_\_\_\_\_ Class rank \_\_\_\_\_

Have you taken the ACT?  yes  no Date ACT taken \_\_\_\_\_ Composite ACT score \_\_\_\_\_

List the high school courses you have completed in the following areas

	COURSE NAME	YEAR TAKEN	GRADE
Biology (one year required)	_____	_____	_____
	_____	_____	_____
Chemistry (one year required)	_____	_____	_____
	_____	_____	_____
Physics (recommended)	_____	_____	_____
	_____	_____	_____

List any science courses you plan to take prior to beginning your freshman year in college

COURSE	SCHOOL	PROJECTED DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Extracurricular Activities, Honors and Awards

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List most recent first.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## College and University Academic Information

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List college and university credits earned. Include CLEP and/or advanced placement credits.

COLLEGE/UNIVERSITY	COURSE NUMBER/COURSE NAME	CREDITS EARNED	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Work and Volunteer Experience

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JOB POSITION/TITLE	EMPLOYER NAME AND PHONE	AVERAGE HOURS/WEEK	DATES EMPLOYED (MO/YR to MO/YR)
_____	_____	_____	___/___ to ___/___
_____	_____	_____	___/___ to ___/___
_____	_____	_____	___/___ to ___/___
_____	_____	_____	___/___ to ___/___

Description of volunteer experiences

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Personal Goal Statement

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On a separate sheet of paper, describe your reasons for pursuing a career in physical therapy, and the personal characteristics you possess which will help you realize that goal. Please limit your response to approximately one page or 4500 characters, including spaces.

## Hours of Observation

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Documentation of Observation Hours forms (available from the Physical Therapy office) must be included with this application, demonstrating that you have completed at least 20 hours of observation with at least one physical therapist.

## Documentation and Enclosures Checklist

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I have requested that an official copy of my high school transcript(s) be sent to the SAU Admissions office. My transcript(s) will document

- my cumulative high school GPA is at least 3.50 (on a 4.0 scale)
- my completion of one year each of high school chemistry and biology

I am enclosing or have previously mailed

- an official copy of my ACT scores
- Personal Goal Statement
- Documentation of Observation Hours form, demonstrating at least 20 hours of observation with at least one physical therapist

Request transcript(s) be mailed to: Admissions Office, St. Ambrose University, 518 West Locust Street, Davenport, IA 52803

Return application and enclosures to: Physical Therapy Department, St. Ambrose University, 518 West Locust Street, Davenport, IA 52803

## Certification

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I certify that to the best of my knowledge, all information given on this application is correct and complete. I understand any material omission or misinformation may void my admission or result in dismissal. If this application is accepted, I agree to abide by the rules and regulations of St. Ambrose University as set forth in the catalog, student handbook, and other official documents of St. Ambrose University.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_