Transition Doctor of Physical Therapy
Summary of Submission

Please complete this form and send it in with your completed Application Form and supporting credentials.

1. Application for Admission
2. Three (3) Letters of Reference (At least one must be from a supervisor or individual familiar with your professional experience.)
3. Copy of your Physical Therapy License
   In addition, applicants with an entry-level baccalaureate degree or certificate in physical therapy must submit a Professional Portfolio.
4. Official Transcript from every College or University attended
5. Evaluation credential for all transcripts from college or universities where English is not the language of instruction. (For example: World Education Services (WES) or comparable recognized credential evaluation company.)
6. Statement of Intentions
7. Professional Résumé

INTERNATIONAL STUDENTS ONLY

☐ Official TOEFL, STEP or IELTS score sent directly by the testing agency.

☐ If you are residing in the United States, a copy of your visa. A letter confirming visa status may also be required.

I certify that the information I have given is true to the best of my knowledge. I agree that if I am admitted, I will comply with all rules and policies of The University of Scranton including the Academic Code of Honesty.

Signature_____________________________________________________ Date___________

All application materials should be sent to:

The University of Scranton
College of Graduate and Continuing Education
Office of Online and Off Campus Programs
800 Linden Street, OHA 121
Scranton, PA 18510-4632
FAX: 570-941-5819
I. BASIC INFORMATION (Please Print or Type)

Name: ________________________________________________________________

Last                                                                 First     Middle

Maiden Name: __________________________________________________________
□ Social Security no. _________________________________________________

Gender: □ Male □ Female

Date of Birth (mm/dd/yyyy): ___________________________________________

Current Address: Street: ________________________________________________

City, State, ZIP: ______________________________________________________

County: ________________________ Daytime Tel: ___________________________

Email: ________________________ Evening Tel: _____________________________

Country of Citizenship ________________________________________________

Please indicate if you have been convicted of a crime: □ No □ Yes (If yes, please provide details.)

____________________________________________________________________

Term Applied for:

□ Fall ______  □ Spring ______

II. EDUCATIONAL HISTORY

List all undergraduate and graduate (if any) institutions you have attended, starting with the most recent.

<table>
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<tr>
<th>Institution*</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Degree</th>
<th>Overall GPA</th>
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*Official transcripts are required from every institution you have attended for full university admission.
Name of Applicant: ___________________________________________________

Do you think your past academic record is a reasonably fair indication of your present ability to pursue graduate study? Yes ____ No ____ (If “no” please explain below.)

__________________________________________________________

III. WORK HISTORY
List current and other recent work experience you have had, especially that relevant to your proposed graduate program. List current or most recent employer first.

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<th>Employer</th>
<th>Position</th>
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IV. OTHER BACKGROUND INFORMATION
List other information such as awards, volunteer activities, special experiences or skills that may be relevant to evaluating your application.

__________________________________________________________

V. REFERENCES
List the names, positions and addresses of three persons from whom you have requested letters of reference in support of your application. You will find forms for this purpose later in the application.

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<th>Name</th>
<th>Position/Organization</th>
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Note: At least one of the three letters of reference must be from a supervisor or an individual familiar with your professional experience. If you have been out of school for some time so that letters from former professors are inappropriate or difficult to obtain, then letters may be obtained from persons such as work supervisors or colleagues.
Name of Applicant: ________________________________________

VI. INTERNATIONAL STUDENTS ONLY
Students who are not citizens of the United States, in addition to submitting other materials called for in this application, please be sure to submit the following:

1. Score from TOEFL, IELTS, or STEP (for Japanese applicants). {Applicants who are citizens of non-English speaking countries are required to provide proof of English proficiency as one criterion for admission. This can be accomplished by submitting official scores of any of one of these tests.}
2. Certified credential evaluation required for college or university where the transcript and language of instruction is not English. (For example: World Education Services (WES) or comparable recognized credential evaluation company.)

VII. STATEMENT OF INTENTIONS
On a separate sheet of paper, please provide a brief description of your reasons for pursuing graduate study, what you expect to gain from the program and any special background factors which you think will help your studies. Please limit your statement to one page. Please attach to the statement, your resume and a copy of your business card.

VIII. ETHNIC BACKGROUND (RESPONSE VOLUNTARY)
The United States Office of Civil Rights, under Title VI, requests the following information from higher education institutions. The information is confidential. Please check the appropriate item.

Are you Hispanic or Latino?  ___Yes  ___No

Check one or more of the following groups in which you consider yourself to be a member:

___American Indian or Alaskan Native  
___Native Hawaiian or other Pacific Islander  
___Asian  
___Black or African American  
___White
THE APPLICANT: FILL OUT THIS PART.
Then give this form to the person serving as a reference.

Provide the reference a stamped, self-addressed envelope.

APPLICANT’S NAME: ______________________________________________________________

GRADUATE PROGRAM APPLIED FOR: Transition Doctor of Physical Therapy

DESIRED TERM OF ENTRY TO PROGRAM: ___________________________________________

I DO ____ DO NOT ____ waive my right to see the completed Letter of Reference in my file.

APPLICANT’S SIGNATURE: ___________________________ DATE: _____________________

TO THE PERSON SERVING AS A REFERENCE:

You may complete this form or submit a separate letter including comments on the items listed on the back - whichever is more convenient for you.

If you are submitting a separate letter, please return this form with your letter since it contains the applicant’s statement of waiver/non-waiver of access to the Letter of Reference. Please note that, by federal law, if the applicant does not waive his/her right of access to the Letter of Reference, then he/she may see it after it is submitted.

Thank you for helping us evaluate the suitability of this person for entry into Graduate Studies at The University of Scranton.
Name of Applicant: __________________________________________________________

For how long and in what capacity have you known the applicant?
________________________________________________________________________
________________________________________________________________________

How would you rate the applicant’s academic ability for pursuing graduate study in his/her chosen field?

☐ POOR  ☐ FAIR  ☐ GOOD  ☐ VERY GOOD  ☐ OUTSTANDING  ☐ DON’T KNOW

Comments: ____________________________________________________________________

How would you rate the applicant’s motivation to study at the graduate level?

☐ POOR  ☐ FAIR  ☐ GOOD  ☐ VERY GOOD  ☐ OUTSTANDING  ☐ DON’T KNOW

Comments: ____________________________________________________________________

How would you rate the applicant’s personal qualities for succeeding in his/her chosen field?

☐ POOR  ☐ FAIR  ☐ GOOD  ☐ VERY GOOD  ☐ OUTSTANDING  ☐ DON’T KNOW

Comments: ____________________________________________________________________

Provide any other comments you would like to make that will be helpful in evaluating the applicant.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

NAME (print): ____________________________________________________________________

TITLE/POSITION: _______________________________________________________________

ORGANIZATION: __________________________________________________________________

ADDRESS: ____________________________________________________________________

SIGNATURE: __________________________________________ DATE: ____________

January 2011
Transcript Request

To be completed by the applicant

If you have attended more than one college or university you may photocopy this form.

Name___________________________________________________

MaidenName________________________________________________________________________

School __________________________________________

Degree______________________________________________________________________________

Year Graduated ______________________________________________________________________

☐ U.S. Social Security No. ____________________________________________________________

I authorize the release of my academic transcript to The College of Graduate and Continuing Education, The University of Scranton.

Signature ______________________________________________ Date ________________________

To Be Completed By The Registrar

The person named above is applying to a graduate program at The University of Scranton. Our admissions procedure requires that an official transcript be sent along with the application form. Please complete this form and place the transcript of the above named individual into the enclosed self-addressed envelope. Then seal the envelope, sign across the seal, and return to:

The University of Scranton
College of Graduate and Continuing Education
Office of Online and Off Campus Programs
800 Linden Street, OHA 121
Scranton, PA 18510-4632

Signature of School Official ________________________________ Date ______________________

Institutional Seal __________________________________________________________________