

make someone's  
life better

## Transitional Doctor of Physical Therapy

### DOCTORAL APPLICATION - TRANSITIONAL DOCTOR OF PHYSICAL THERAPY (t-DPT) PROGRAM

READ ALL OF THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. YOU MAY TYPE YOUR ANSWERS AND PRINT THE FORM WHEN YOU ARE FINISHED, OR YOU MAY PRINT THE FORM AND FILL IN YOUR ANSWERS BY HAND. YOU MUST SUBMIT A SIGNED COPY OF THIS APPLICATION WITH THE REST OF YOUR APPLICATION MATERIALS. ADDITIONALLY, YOU MAY USE THE SUBMIT BY EMAIL BUTTON TO SEND YOUR INFORMATION DIRECTLY TO THE DEPARTMENT OF PHYSICAL THERAPY. THIS WILL ALLOW THE DEPARTMENT TO BEGIN PROCESSING YOUR APPLICATION. (NOTE: YOU SHOULD ALSO PRINT AND RETAIN A COPY FOR YOUR RECORDS.)

Mr.  Ms.  Other  Male  Female

Last Name

Previous last names that may appear  
on academic transcripts

First Name

Initial

Birth Date Mo/Day/Year

Permanent Address

*When completing phone numbers, use numbers only*

City or Town  State  Zip Code

Home Phone

Current Address

Work Phone  Ext.

City or Town  State  Zip Code

Cell Phone

email

Best time to call you at home?

Best time to call you at work?

#### Please select the categories below that describe you. (Select as many as apply.)

Your response will not affect the admission decision and is optional. This information is requested so that we may demonstrate to federal and state agencies that the institution is in compliance with the appropriate regulations.

American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White

Are you Latino/Hispanic?  Yes  No

Illinois Resident  Non-Illinois Resident If an Illinois Resident, how long? (Years and months)

Indicate your citizenship status:  U.S. Citizen  Non-U.S. Citizen

Country of Citizenship

Permanent Resident (attach copy or mail copy of permanent residency card)

International Student (seeking student visa)  Other

I have previously applied to GSU for admission  I have not previously applied to GSU for admission

If you have previously applied to GSU, when did you apply? (Trimester/Year)

I have previously enrolled at GSU.  I have not previously enrolled at GSU.

If you have previously enrolled at GSU, when did you enroll? (Trimester(s)/Year(s))

If you have attended GSU before, did you leave in good standing?  Yes  No  Not Applicable

Are you in good standing at the college or university last attended? \*\*\*  Yes  No

\*\*\*Note: Applicants not in good standing at the last college attended, including GSU, must petition for admission under the Policy on Readmissions and Special Admissions. All petitions must be submitted in writing to the Department of Physical Therapy. The letter of petition must accompany the application for admission and all required application materials, including official transcripts

State Issuing Current Driver's License

State Issuing Vehicle Registration

Driver's License Number

Complete the following table for all postsecondary educational institutions you are attending or have attended. Use reverse chronological order, beginning with the most recent school. Official transcripts must be included with your application materials.

Institution	City	State	Month/Year (from/to)	Quarter Hours Earned	Semester Hours Earned	Major	GPA	Degree Earned

Complete the following information about the two individuals who have agreed to write letters of recommendation in your behalf. Recommendations must be from professional references such as healthcare professionals, academic instructors, or supervisors. Recommendation letters from fellow students, personal friends, or family members are not acceptable.

Name	Position and Facility or Company Name	Business Phone	Recommender's Professional Status (i.e. PT, physician, or other professional)

NOTE: ONLY APPLICANTS WHO ARE CURRENTLY LICENSED AS PHYSICAL THERAPISTS WILL BE CONSIDERED FOR ADMISSION TO THE TRANSITIONAL DOCTOR OF PHYSICAL THERAPY PROGRAM. A COPY OF YOUR CURRENT LICENSE MUST BE SUBMITTED WITH YOUR APPLICATION.

State Issuing Physical Therapy License  License Number

Is your physical therapy license currently under suspension, revocation, probationary status, or subject to disciplinary proceedings in Illinois or any other jurisdiction?

Yes  No

If your answer to the preceding question is yes, please enter your explanation in the box below.

List each jurisdiction in which you have been licensed as a physical therapist, including licensure dates

Jurisdictions	Licensure Dates (From/To)

In the table below, enter the entry-level degree you have earned in physical therapy (bachelors or masters), the name and location of the granting institution, and your graduation date. Original transcripts must be submitted to the t-DPT admission coordinator.

Entry Level Degree	Name of Granting Institution	Location of Granting Institution	Date of Graduation (Month/Year)

Applicants may seek advanced placement in the t-DPT program. With advanced placement, applicants may receive up to six credit hours for prior coursework. You may be eligible for advanced placement if you have (1) previous coursework at Governors State University, (2) an award of American Board of Physical Therapist Specialties certification, (3) or completed a credentialed clinical residency program. If you choose to seek advanced placement, the t-DPT admission coordinator will evaluate the transcripts and documentation you have submitted to determine whether you are eligible.

Are you seeking advanced placement in the t-DPT program?  Yes  No

Are you currently credentialed through the American Board of Physical Therapy Specialties or a clinical residency program?

Yes  No

If so, list the credential(s) you now hold, and indicate the length of time you have held each one.

Current credential(s) from the American Board of Physical Therapy Specialties or a clinical residency program

Where did you first hear about the GSU Transitional Doctor of Physical Therapy Program?

Please indicate which trimester you anticipate beginning courses:  Fall (September)  Winter (January)  Spring/Summer (May)

This application must be signed and dated by the applicant before action can be taken. I understand that withholding information or giving false information may make me ineligible for admission to the university or subject to dismissal. I certify that the information provided in my application package is correct and complete.

\_\_\_\_\_  
Signed By

Date

Governors State University is an equal opportunity institution. The university adheres to Section 504 of the Rehabilitation Act. Security Information Now Available: GSU is committed to assisting all members of the community in providing for their own safety and security. The annual security compliance document is now available on the GSU web site at [www.govst.edu/cleryact](http://www.govst.edu/cleryact). If you would like to receive a brochure that contains this information, you can stop by GSU's Department of Public Safety, or you can request a copy be mailed to you by calling 708.534.4490. The web site contains information on campus security and personal safety, including crime prevention, university police law-enforcement authority, crime reporting policies, disciplinary procedures, and other important matters about security on campus. It also contains statistics for the three previous calendar years on reported crimes that occurred on campus, in certain off-campus buildings or property owned by GSU, and on public property within or immediately adjacent to and accessible from the campus. This information is required by law and is provided by GSU's Department of Public Safety.