



Doctor of Physical Therapy

Admission Application

APPLICATION PROCESS

1. Completed application packet accompanied by a non-refundable application fee of \$25.
2. Official transcripts of undergraduate, and other graduate study sent directly from the applicant's school to the Admissions Office.
3. Recommendations by three persons qualified to appraise scholastic aptitude and personal and professional promise.
4. Observation forms from 3 different physical therapy settings (minimum 8 hours each setting.)
5. Interview with Division of Physical Therapy faculty members.
6. Evidence of proficiency in written English. Directions for this writing sample found below.
7. The Educational Testing Service Code Number for Walsh University is #1926.
8. International Applicants must provide:
 - a. MELAB or TOFEL scores if English is not their first language.
 - b. English translation of relevant course descriptions from college bulletin(s) where they completed their coursework.
 - c. Documentation the applicant graduated (bachelor's/advanced degree) from an institution registered in the *International Handbook of Universities*.

WRITING SAMPLE DIRECTIONS

Please complete a writing sample and return it with the application packet. This requirement demonstrates your ability to communicate in written form. The sample should be approximately one (1) typewritten page or two (2) handwritten pages.

Respond to the following questions:

1. What characteristics does the successful physical therapist possess?
2. Why do you consider these characteristics important?

Return this completed packet to:

Walsh University

Graduate Admissions

2020 East Maple Street, NW

North Canton, Ohio 44720

330-490-7175 800-362-9846

Fax: 330-490-7165

email: admissions@walsh.edu

Website: <http://www.walsh.edu>

Walsh is an Equal Opportunity Educational Institution



Doctor of Physical Therapy Application for Admission

FOR OFFICE USE ONLY	
<input type="checkbox"/>	Accept Date:
<input type="checkbox"/>	Not Accepted

Carefully and thoroughly complete the application. It provides you and us with important information to support your application. Please certify the accuracy of the information included by signing in the space provided below. Thank you.

I certify that the information included in this application accurately represents the academic record. I understand that if I have failed to accurately represent myself, Walsh University may reject my application.

Signed: _____ Date: _____

(Please type or print)

Full Legal Name _____
Last First M.I. Maiden

Permanent Address _____
City State Zip

Current Mailing Address _____
City State Zip

Phone Number H: () _____ W: () _____

E-mail _____

Social Security Number _____ **Birth Date** ____/____/____

U.S. Citizen: Yes No Visa (specify type) _____

Currently enrolled at Walsh University? Yes No Major _____

Alumna/alumnus of Walsh University? Yes No Year _____

Year to Enter: _____

Educational Background. List all undergraduate/graduate institutions attended in chronological order.

Name of Institution	Location	Dates	Degree & Date	Date of Transcript Request

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, give details in attached statement.

GRE Test Date: _____

(If not completed, please indicate date you expect to schedule)

Self Report Scores: Verbal _____ Quantitative _____ Analytical Writing _____
(Official copy of scores must still be submitted)

TOEFL/MELAB Score: _____ (International Students Only)

REFERENCES. To complete and act upon your application, we must receive three recommendation forms. **TWO (2) OF THESE RECOMMENDATIONS MUST BE FROM COURSE INSTRUCTORS.** Your evaluator must send the recommendation directly to Walsh University; you (the applicant) may not send or transport these forms. You should request that persons qualified to appraise your scholastic aptitude, personal qualities, and professional promise complete the recommendation forms. Provide the names and titles of your three evaluators below:

<u>NAME</u>	<u>TITLE</u>	<u>DATE OF REFERENCE REQUEST</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following information is NOT required for admission, but helps us in our record keeping. Complete on a voluntary basis only.

RELIGIOUS PREFERENCE _____

ETHNIC BACKGROUND

- American Indian Caucasian Oriental American African American Hispanic American
 Other _____

List any physical or learning disabilities of which Walsh should be aware: