

APPLICANT LAST NAME

FIRST

M.I.

DATE

PLEASE FOLLOW THE INSTRUCTIONS FOR EACH COLUMN USING THE STEPS ON THE REVERSE SIDE

PHYSICAL THERAPY TRANSCRIPT SELF-EVALUATION

Pre-Requisite	Course No.	Title	Grade	(1) Grade Points	(2) Sem. Hrs	(3) Total Points Earned (Multiply Columns 1 x 2)	College	Date Complete *expected	Transcript included Yes <input type="checkbox"/> No <input type="checkbox"/>	Official Use Only
Biology 1 (with Lab)									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Biology 2 (with Lab)									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Human Physiology									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Chemistry 1 (with Lab)									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Chemistry 2 (with Lab)									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Physics 1 (with Lab)									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Physics 2 (with Lab)									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Exercise Physiology									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Statistics									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Psychology 1									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Psychology 2 Human Development									Yes <input type="checkbox"/> No <input type="checkbox"/>	
TOTAL										
Pre-Requisite GPA = Total Points Earned / Total Semester Hours _____ (Column 3 Total / Column 2 Total)										

* If currently enrolled, enter C.E. and send additional transcript upon completion of course