

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