



ELON DPT

PHYSICAL THERAPY

A P P L I C A T I O N
F O R A D M I S S I O N

Elon University
Elon, North Carolina

EVERYTHING YOU NEED TO KNOW ABOUT APPLYING

ADMISSION PLANS

REGULAR:

Submit all required application materials as early as possible prior to January enrollment. Applications are evaluated on a rolling basis.

EARLY DECISION:

Students may apply and be considered for early decision admission up to 18 months prior to January enrollment. Completed early decision applications should include:

- Official college or university transcripts; prerequisite coursework to date (4 of the required 6 sciences must be completed)
- Official Graduate Record Examinations (GRE) scores
- Two recommendations (one must be from a physical therapist)
- Volunteer/work hours to date (may be in progress).

Early decision applicants require a \$1000 nonrefundable deposit at acceptance that is applied toward tuition. For applicants applying early decision, Elon should be student's first choice.

ADMISSION REQUIREMENTS

Completed applications must include:

- Evidence of an earned bachelor's degree from an accredited college or university or date when degree is expected. Admissions priority is given to applicants with a minimum GPA of 3.0 in both cumulative undergraduate and overall science coursework.
- Official transcripts of all undergraduate and any graduate studies completed or taken
- Recommended combined verbal and quantitative score of 1000 along with an analytical score of 2.5 or higher (new format as of October 1, 2002) or combined verbal, quantitative and analytical score of 1500 (old format) on the Graduate Record Examinations (GRE) taken within the last five years.
- Completion of prerequisite courses

Grades of 'C' or better are required in each prerequisite course. However, a minimum overall science GPA of 2.8 is required. No prerequisite course may be taken on a "pass/no pass" or "credit/no credit" basis; all must be transferable to Elon University.

- Three letters of recommendation
- Personal statement
- Completion of work experience sheet recording applicant's knowledge of the physical therapy profession
- TOEFL scores are required unless English is the student's native language or the language of instruction. A minimum TOEFL score of 550 (paper-based tests) or 213 (computer-based examinations) is required. English translations of transcripts and explanations of grading systems are required.

PREREQUISITE COURSES

- 6 Science Courses (3-credit hour course or higher with lab)

The applicant must have 6 natural and/or life science courses selected from the following: Biology, Chemistry, Human Anatomy/Physiology, Exercise Physiology, Kinesiology, Biomechanics, Pathology and/or Physics.

- 1 Psychology Course (3-credit hour course or higher)

Each natural and/or life science prerequisite course must have been successfully completed within 10 years prior to January enrollment.

APPLICATION INSTRUCTIONS

- Please print or type.
- Complete every item on all forms.
- Include nonrefundable application fee of \$50 payable to Elon University.
- Include a complete set of **official** transcripts from **all** colleges/universities attended. If your transcripts reflect coursework in progress, include a listing of any courses that you plan to complete (prerequisite or nonprerequisite) prior to entering in January. In addition, we must be able to determine that you will be able to complete a bachelor's degree by time of registration in the DPT program. Unless applying online, *all* transcripts are requested to be submitted with your application packet. Do not send transcripts directly to Elon University, if possible. **Transcripts must be in**

sealed envelopes, preferably signed over the seal.

- Have your official Graduate Record Examinations (GRE) test scores sent to the Office of Graduate Admissions. Elon University's GRE code is R5183.
- Secure three letters of recommendation on provided forms (see Recommendation Forms (B) section for details).

APPLICATION INFORMATION

APPLICATION FOR GRADUATE ADMISSION (A):

- Complete every item.

PERSONAL STATEMENT:

- Include a typewritten statement (1 full page) describing your rationale for pursuing a career as a physical therapist. Also, describe your personal qualities, activities and achievements that will contribute to your success as a physical therapist.

RECOMMENDATION FORMS (B):

- Each reference (three) must be submitted in a sealed envelope that is signed over the seal by the recommender. It is the recommender who must submit the reference directly to the applicant to be included with the application packet.

1. One reference must be from a practicing physical therapist.
2. One reference must be from a science department instructor qualified to evaluate the applicant's academic achievement and potential for success as a graduate student.
3. One reference may be academic, from a work supervisor or a physical therapist.

WORK EXPERIENCE SHEET (C):

- A minimum of 100 hours volunteer or work experience in a general health-care setting is required (may be in progress) with at least 20 of these hours in physical therapy acute inpatient care or hospital setting.

CHECK SHEET FOR APPLICATION (D):

- Needed documents included with application.

OTHER INFORMATION

INTERVIEWS:

Personal interviews are a requirement for admission. Not all candidates are offered an interview. The interviews are designed to allow the applicant to learn more about Elon University's DPT program as well as allowing the Admissions Committee to meet the applicant. Interviews are scheduled throughout the year. Interviewees will either be accepted, placed on an alternate list or not offered a seat.

SCHOLARSHIPS AND FINANCIAL AID:

Three scholarships are awarded each year to first-time DPT students. Recipients are selected on the strength of the admissions application and interview. Awards are made after October 1 prior to enrollment. Elon University participates in several federal, state and private student loan programs.

For additional information, contact:

The Office of Financial Planning
2700 Campus Box
Elon, North Carolina 27244
336-278-7640
or
800-334-8448 ext. 2

DOCTOR OF PHYSICAL THERAPY

ELON UNIVERSITY

www.elon.edu/dpt

gradadm@elon.edu

APPLICATION FOR GRADUATE ADMISSION

I am applying for DPT admission to Elon University beginning January _____

I am applying for : Regular Admission Early Decision

PERSONAL DATA

Name: Mr./Mrs./Ms. _____
Last First Middle/Maiden Preferred

Do you have educational materials under another name? Yes No If yes, indicate name: _____

Mailing address: _____ Permanent address: _____
Number and Street If different from mailing address Number and Street

City State Zip Code City State Zip Code

Telephone numbers: _____ / _____ / _____
Home Business Message

E-mail address: _____ Social Security #: _____

Birthdate: _____ / _____ / _____ Place of birth: _____ Country(ies) of citizenship: _____

If not U.S. citizen: Are you a U.S. permanent resident? Yes No If yes, card number (required): _____

How long have you been in the U.S.? _____ First language if other than English: _____

The following information is optional and is not used in the admission decision process.

If you wish to be identified with a particular ethnic group, how would you identify yourself?

- African American/Black Asian or Pacific Islander Caucasian/White
 American Indian or Alaskan Native Hispanic Other (specify) _____

Religious affiliation: _____

Have you previously matriculated in any type of physical therapy program? Yes No

If yes, indicate enrollment dates, name of program and reasons for leaving that program: _____

List other PT programs to which you have applied _____

POSTSECONDARY EDUCATIONAL DATA

List chronologically all colleges and universities attended (use attachment if necessary).

<i>Name of Institution</i>	<i>City/State</i>	<i>FROM Month/Year</i>	<i>TO Month/Year</i>	<i>Major</i>	<i>Degree</i>	<i>Date Received or Expected</i>	<i>GPA</i>

PREREQUISITE REQUIREMENTS

List prerequisite courses completed.

REQUIRED NATURAL AND/OR LIFE SCIENCES (6) <i>- Any combination selected from the following: Biology, Chemistry, Human Anatomy/Physiology, Exercise Physiology, Kinesiology, Biomechanics, Pathology, and Physics.</i>				
<i>Name of Institution</i>	<i>Course, Department, Number, and Full Title</i>	<i>Credit Hours</i>	<i>Term & Year Taken</i>	<i>Grade Received</i>
PSYCHOLOGY(1)				

APPLICANTS ARE EXPECTED TO DEMONSTRATE COMPUTER SKILLS THROUGH UNDERGRADUATE COURSEWORK AND/OR LIFE EXPERIENCES.

ACADEMIC WORK IN PROGRESS

List all prerequisite or nonprerequisite courses that you will have in progress for the spring, summer and/or fall semester or quarter prior to enrollment. Please complete all information requested. Do not leave blanks. If you do not plan to enroll in classes for the semester or quarters indicated, write "not applicable" across the box. Final grades earned for in progress required or nonrequired courses completed during spring, summer, and/or fall must be received by the Office of Graduate Admissions *prior* to enrollment in January. *It is the applicant's responsibility to submit verification of final grades received to the Office of Graduate Admissions by the required dates.*

SPRING SEMESTER OR QUARTER

<i>Name of Institution</i>	<i>Course, Department, Number, and Full Title</i>	<i>Credit Hours</i>	<i>Expected Completion Date</i>

SUMMER SESSION OR QUARTER

<i>Name of Institution</i>	<i>Course, Department, Number, and Full Title</i>	<i>Credit Hours</i>	<i>Expected Completion Date</i>

FALL SEMESTER OR QUARTER

<i>Name of Institution</i>	<i>Course, Department, Number, and Full Title</i>	<i>Credit Hours</i>	<i>Expected Completion Date</i>

GRADUATE RECORD EXAMINATIONS (GRE)

Date(s) Taken: _____ Scores: *Verbal* _____ *Quantitative* _____ *Analytical/* _____
 or Scheduled: _____ *Analytical* _____ *Writing* _____

RECOMMENDATIONS

List the names and positions of three individuals who have written recommendations for you.

	<i>Name and Title</i>	<i>Institution/Organization</i>
■ Physical Therapist:	_____	_____
■ Science Instructor:	_____	_____
■ Other:	_____	_____

WORK EXPERIENCE

List the last three positions held, beginning with the most recent and including volunteer work.

■ Job title: _____
Employer's name: _____
Employer's address: _____
Dates of employment: From _____ to _____

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Employer's name: _____
Employer's address: _____
Dates of employment: From _____ to _____

■ Job title: _____
Employer's name: _____
Employer's address: _____
Dates of employment: From _____ to _____

How did you first become interested in the Elon DPT program? _____

PRIOR CRIMINAL HISTORY

Have you been or are you currently suspended or dismissed from another institution? Yes No

If yes, give details: _____

Have you ever been arrested for or convicted of a crime other than a minor traffic violation? Yes No

If yes, explain briefly: _____

CERTIFICATION

I certify that all information given in this application is complete and accurate. If I am admitted to Elon University, I agree to abide by established rules and regulations of the university and to accept the obligations imposed upon me by the honor system. Elon University is authorized to release information to the news media concerning my achievements.

Signature _____ *Date*

Elon University does not discriminate with regard to race, color, religion, sex, age, national or ethnic origin, veteran status, or disability in the recruitment and admission of students, the recruitment and employment of faculty and staff or the operation of any of its programs. Students with documented disabilities may request in writing reasonable special services and accommodations. Questions should be directed to Elon's Coordinator of Disability Services, Duke 108H, 336-278-6500.

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RECOMMENDATION FORM

Applicant's Name: _____ SS#: _____ - _____ - _____
(Print or Type) Last First Middle

To the applicant: Complete the identifying information above before delivering this form to the individual you have selected as a reference. The recommender is to complete the form, place it in a sealed envelope, sign the envelope on the outside over the seal and return the form to you.

To the applicant and the recommender: This recommendation will be used for admission purposes only and will not be retained in any educational record should the above named applicant enroll at Elon University. Consequently, the recommendation is not subject to the stipulations of the Family Educational Rights and Privacy Act of 1974; under the law the applicant will not have access to recommendations.

To the recommender: Please complete form and return it directly to the applicant (if possible) in a sealed envelope with your signature across the seal. We appreciate your assistance.

How long have you known the applicant and in what capacity?

Please assess the applicant in the following areas:

	Excellent	Good	Average	Poor	Unable to Judge
Attitude toward associates					
Character (integrity, honesty, responsibility, ethics)					
Classroom competence					
Emotional stability, maturity					
Industry (promptness, application, perseverance, reliability)					
Initiative (imagination, independence, resourcefulness)					
Intellectual ability (keenness, originality, capacity)					
Laboratory competence					
Oral expression					
Personal appearance (neatness, cleanliness, grooming)					
Personality (strength, leadership, sense of humor)					
Written expression					

Please explain any "excellent" or "poor" rating above and comment on any characteristic you feel requires elaboration; continue on the back page (if needed).

Please assess the applicant's motivation for physical therapy.

Assuming successful completion of physical therapy education, would you accept the applicant as your physical therapist if you were in need of a PT?
 Yes No Why or why not?

Note any other information that you feel would aid the university in the evaluation of the applicant. Additional pages may be attached.

Overall evaluation of applicant. Please explain.

- Recommend enthusiastically
- Recommend
- Recommend with reservation
- Not recommended

Signature: _____ Date: _____

Name (print): _____

Title and Department: _____

Employer: _____ Telephone: _____

Address: _____

E-mail Address _____

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Employer: _____ Telephone: _____

Address: _____

E-mail Address _____



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WORK EXPERIENCE

Applicant's Name: _____ SS#: _____ - _____ - _____
Last First Middle

EXPERIENCE IN THE FIELD OF PHYSICAL THERAPY (A physical therapist is your supervisor in this experience)

ACUTE INPATIENT CARE OR GENERAL HOSPITAL (Minimum of 20 hours required)

Table with 3 columns: Hospital, Dates: from month/year to month/year, Number Hours Per Week

Total Hours: _____

Table with 3 columns: Rehab/Clinic/Center, etc., Dates: from month/year to month/year, Number Hours Per Week

Total Hours: _____

EXPERIENCE IN HEALTH-CARE (A certified practitioner is your supervisor in this experience)

Table with 3 columns: Setting, Dates: from month/year to month/year, Number Hours Per Week

Total Hours: _____

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CHECK SHEET FOR APPLICATION

Applicant's Name: _____ SS#: _____ - _____ - _____
Last First Middle

INCLUDE WITH APPLICATION:

- Application for Admission (A)
- Application fee — \$50 payable to Elon University (nonrefundable)
- Official transcripts from *all* colleges and universities attended
- Personal Statement
- Three Recommendation Forms (B)
- Work Experience Sheet (C)
- Check Sheet for Application (D)

MAIL DIRECTLY TO ELON UNIVERSITY:

- GRE scores mailed directly from Educational Testing Services (ETS)

ADDRESS APPLICATION AND ALL CORRESPONDENCE TO:

Elon University
Office of Graduate Admissions
100 Campus Drive
2750 Campus Box
Elon, North Carolina 27244

336-278-7600 or 800-334-8448 ext. 3

FAX: 336-278-7699

E-mail: gradadm@elon.edu

Web site: www.elon.edu/dpt