

University of Wisconsin-Madison

University Admission Application for Doctor of Physical Therapy Program – Summer 2010

1. Name: Last _____		First _____		Middle _____		Former _____	
2. U.S. Social Security Number _____				3. Date of Birth _____			
4. Place of Birth (city and state/country) _____							
5. Gender ____ Male ____ Female		6. U.S. Veteran ____ Yes ____ No		7. Race/Ethnicity: (please answer both A and B)			
8. Citizenship ____ US Citizen ____ U.S. Permanent Resident (Registration Number) _____ ____ International applicant (if currently in U.S., indicate Visa type) _____ Country of Citizenship _____				A. Ethnicity: Are you of Hispanic or Latino origin? (If yes, choose one or more from the list below.) ____ Yes ____ No		B. Race: Choose one or more from the list below.	
				____ Cuban ____ Mexican, Mexican American, or Chicano ____ Puerto Rican ____ Other Hispanic or Latino		____ African American or Black ____ American Indian or Alaskan Native (Please specify tribal affiliation) _____ ____ Native Hawaiian or Other Pacific Islander ____ Cambodian ____ Hmong ____ Laotian ____ Vietnamese ____ Other Asian ____ White	
9. Mailing Address Street Address _____ City _____ State/Country _____ Zip Code _____ Telephone () _____ Daytime Telephone () _____							
10. Permanent Home Address (if different from above) Street Address _____ City _____ State/Country _____ Zip Code _____ Telephone () _____ Daytime Telephone () _____							
11. E-mail address _____							
12. Year in which you wish to enroll Summer 2010		13. Degree Goal Doctor of Physical Therapy		14. Applying for Full Time		15. Applying for Loans or Work Study? (does not apply to International Applicants) ____ Yes ____ No	
16. If previously registered at UW-Madison, please provide your 10 digit UW ID number _____ Previous status at UW Madison Undergrad ____ From _____ To _____ Graduate ____ From _____ To _____ Professional ____ From _____ To _____ Special ____ From _____ To _____				17. Academic Information U.S. undergraduate grade point average (GPA) to date on 4 point Scale _____ GRE: date taken or expected to take _____ <i>Verbal Quantitative Writing</i> GRE Scores _____ TOEFL date taken or expected to take _____ <small>(applies to non-native English speaking students)</small> TOEFL Score _____			
18. EDUCATION: List all post secondary colleges, graduate and professional schools you have attended, including UW-Madison. Begin with the most recent. If necessary, attach separate sheet.							
Institution (full name)		Location (city, state/country)		Field of concentration		Degree granted or expected (diploma, certification)	Dates attended
_____		_____		_____		_____	_____
_____		_____		_____		_____	_____
_____		_____		_____		_____	_____
_____		_____		_____		_____	_____
19. I certify that the information in this application is true and complete to the best of my knowledge and I understand that inaccurate information may affect my admission, enrollment, or financial aid status.						For Office Use Only	
Signature _____				Date _____		Fee _____	