

# 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. <b>Race/Ethnicity:</b> (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. <b>Ethnicity:</b> Are you of Hispanic or Latino origin? (If yes, choose one or more from the list below.) ____ Yes ____ No		B. <b>Race:</b> 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  <b>Summer 2010</b>		13. Degree Goal <b>Doctor of Physical Therapy</b>		14. Applying for <b>Full Time</b>		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 _____	