



A JESUIT UNIVERSITY

Graduate Studies

Transition Doctor of Physical Therapy Summary of Submission

Please complete this form and send it in with your completed Application Form and supporting credentials.

1. Application for Admission
2. Three (3) Letters of Reference (At least one must be from a supervisor or individual familiar with your professional experience.)
3. Application Fee of \$50.00 (non-refundable)
4. Copy of your Physical Therapy License
In addition, applicants with an an entry-level baccalaureate degree or certificate in physical therapy must submit a Professional Portfolio.
5. Official Transcript from every College or University attended
6. Evaluation credential for all transcripts from college or universities where English is not the language of instruction. (For example: World Education Services (WES) or comparable recognized credential evaluation company.)
7. Statement of Intentions
8. Professional Résumé

INTERNATIONAL STUDENTS ONLY

- Official TOEFL, STEP or IELTS score sent directly by the testing agency.
- If you are residing in the United States, a copy of your visa. A letter confirming visa status may also be required.

Signature _____ Date _____

All application materials should be sent to:

The University of Scranton
College of Graduate and Continuing Education
Office of Online and Off Campus Programs
800 Linden Street, OHA 120
Scranton, PA 18510-4632

Name of Applicant: _____

Do you think your past academic record is a reasonably fair indication of your present ability to pursue graduate study? Yes ____ No ____ (If “no” please explain below.)

III. WORK HISTORY

List current and other recent work experience you have had, especially that relevant to your proposed graduate program. List current or most recent employer first.

Employer	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. OTHER BACKGROUND INFORMATION

List other information such as awards, volunteer activities, special experiences or skills that may be relevant to evaluating your application.

V. REFERENCES

List the names, positions and addresses of three persons from whom you have requested letters of reference in support of your application. You will find forms for this purpose later in the application.

Name	Position/Organization	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: At least one of the three letters of reference must be from a supervisor or an individual familiar with your professional experience. If you have been out of school for some time so that letters from former professors are inappropriate or difficult to obtain, then letters may be obtained from persons such as work supervisors or colleagues.

Name of Applicant: _____

VI. INTERNATIONAL STUDENTS ONLY

Students who are not citizens of the United States, in addition to submitting other materials called for in this application, please be sure to submit the following:

1. Score from TOEFL, IELTS, or STEP (for Japanese applicants). {Applicants who are citizens of non-English speaking countries are required to provide proof of English proficiency as one criterion for admission. This can be accomplished by submitting official scores of any of one of these tests.}
2. Certified credential evaluation required for college or university where the transcript and language of instruction is not English. (For example: World Education Services (WES) or comparable recognized credential evaluation company.)

VII. STATEMENT OF INTENTIONS

On a separate sheet of paper, please provide a brief description of your reasons for pursuing graduate study, what you expect to gain from the program and any special background factors which you think will help your studies. Please limit your statement to one page. Please attach to the statement, your resume and a copy of your business card.

VIII. ETHNIC BACKGROUND (RESPONSE VOLUNTARY)

The United States Office of Civil Rights, under Title VI, requests the following information from higher education institutions. The information is **confidential**. Please check the appropriate item.

Are you Hispanic or Latino? Yes No

Check one or more of the following groups in which you consider yourself to be a member:

- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Asian
- Black or African American
- White

Graduate Studies

THE APPLICANT: FILL OUT THIS PART.

Then give this form to the person serving as a reference.

Provide the reference a stamped, self-addressed envelope.

APPLICANT'S NAME: _____

GRADUATE PROGRAM APPLIED FOR: **Transition Doctor of Physical Therapy**

DESIRED TERM OF ENTRY TO PROGRAM: _____

I DO ___ DO NOT ___ waive my right to see the completed Letter of Reference in my file.

APPLICANT'S SIGNATURE: _____ DATE: _____

TO THE PERSON SERVING AS A REFERENCE:

You may complete this form or submit a separate letter including comments on the items listed on the back - whichever is more convenient for you.

If you are submitting a separate letter, please return this form with your letter since it contains the applicant's statement of waiver/non-waiver of access to the Letter of Reference. Please note that, by federal law, if the applicant does not waive his/her right of access to the Letter of Reference, then he/she may see it after it is submitted.

Thank you for helping us evaluate the suitability of this person for entry into Graduate Studies at The University of Scranton.

Name of Applicant: _____

For how long and in what capacity have you known the applicant?

How would you rate the applicant's academic ability for pursuing graduate study in his/her chosen field?

POOR FAIR GOOD VERY GOOD OUTSTANDING DON'T KNOW

Comments: _____

How would you rate the applicant's motivation to study at the graduate level?

POOR FAIR GOOD VERY GOOD OUTSTANDING DON'T KNOW

Comments: _____

How would you rate the applicant's personal qualities for succeeding in his/her chosen field?

POOR FAIR GOOD VERY GOOD OUTSTANDING DON'T KNOW

Comments: _____

Provide any other comments you would like to make that will be helpful in evaluating the applicant.

NAME (print): _____

TITLE/POSITION: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

THE UNIVERSITY OF
SCRANTON[®]
A JESUIT UNIVERSITY
Graduate Studies

Transcript Request

To be completed by the applicant

If you have attended more than one college or university you may photocopy this form.

Name _____

MaidenName _____

School _____

Degree _____

Year Graduated _____

U.S. Social Security No. _____

I authorize the release of my academic transcript to The College of Graduate and Continuing Education,
The University of Scranton.

Signature _____ Date _____

To Be Completed By The Registrar

The person named above is applying to a graduate program at The University of Scranton. Our admissions procedure requires that an official transcript be sent along with the application form. Please complete this form and place the transcript of the above named individual into the enclosed self-addressed envelope. Then seal the envelope, sign across the seal, and return to:

The University of Scranton
College of Graduate and Continuing Education
Office of Online and Off Campus Programs
800 Linden Street, OHA 121
Scranton, PA 18510-4632

Signature of School Official _____ Date _____

Institutional Seal

