

STUDENT PROFILE SHEET

Information from this sheet is used, in part, for admission decisions. To enhance your chances for admission the student should thoroughly and honestly complete this form. In addition selected students should update it each semester. The information included here may be used to nominate/select students for: Competitive scholarships, Who's Who Among Students in American Universities and Colleges, Student Honor Award for SAHS, Alpha Eta, and the Departmental Outstanding Student Awards.

EXCEPT FOR SIGNATURES PLEASE TYPE OR PRINT TO COMPLETE THIS FORM

NAME _____
(last) (first) (full middle)

Social Security Number: _____

ADDRESS AND TELEPHONE NUMBER:

CURRENT ADDRESS	PERMANENT ADDRESS
Street:	Street:
City:	City:
Country:	Country:
ZIP or postal code:	ZIP or postal code:
Phone:	Phone:
Day: ()	Day: ()
Evening:	

DEPARTMENT = PHYSICAL THERAPY

Current Status (check)	Today's date	Date Revised
Applying for DPT		XXXXXXXXXXXXXXXXXXXX
*First Year		
*Second Year		
*Third Year		

* Complete these sections during your enrollment in the program.

If you have questions on how to complete this document, please check with the chairperson for physical therapy admissions or your faculty advisor. If additional space is needed to complete any section use separate sheets. Be sure to use the same format as the original form. Thank You,

I hereby attest that the information contained on this form is true to the best of my knowledge.

Signature _____ Date _____