DREXEL UNIVERSITY

Physical Therapy Supplemental Application

Drexel University
Application Processing
PO Box 34789
Philadelphia, PA 19101

Name _____ Applicant for Fall _____
Last First Middle Initial Year

Address _____
Street Apt#

_____ Current Telephone _____
City State ZIP

Email Address _____ Social Security Number

Course Information

Please indicate in each category ALL courses you have taken, including those courses that have been repeated to achieve a higher grade, as well as courses in which you are currently enrolled or plan to enroll no later than the spring term. List other science-related courses not requested below (e.g., HPE, sports medicine, health science, kinesiology) under the category Other Related Courses. Use additional sheets as necessary.

Prerequisite Category	Course Number	Dept.	Institution	Complete(C) In Progress (P) To Be Taken (TBK)	Term/Year	Credit	Grade
Biological Sciences *(list all)* Basic Upper Divisional *(300 level and above; 300-level Exercise Physiology is acceptable)*							
Physiology, one course *(or Anatomy and Physiology I and II)*							
Chemistry *(list all)*							
Physics *(list all)*							

Was your undergraduate program conducted on the quarter-hour or semester-hour system? _____

Estimate your GPA for your biological sciences, chemistry, and physics courses using one of the following formulas. Multiply credit hours times numerical weight (4.0=A, 3.0=B, 2.0=C); then divide total weight by total hours. If your institution uses the + and - system: multiply credit hours times numerical weight (4.0=A+/A, 3.7=A-, 3.3=B+, 3.0=B, 2.7=B-, 2.3=C+, 2.0=C); then divide total weight by total hours.

Estimated GPA (biological sciences, chemistry, and physics) _____

Course Title	Course Number	Dept.	Institution	Complete(C) In Progress (P) To Be Taken (TBK)	Term/Year	Credit	Grade
Psychology *(list two only, one preferably Developmental Psychology or Abnormal Psychology)*							
Statistics							
Humanities and Social Sciences *(list five only)*							
Other Related Courses *(Do not list all remaining courses on your transcript; only particular courses to which you want to draw our attention as we review your DPT application.)*							

References

Two (2) references are required (must include one from a physical therapist and one from an academic source). A letter of recommendation is sufficient; no additional form is required. Please list below each reference's name and relationship to you:

1. Name _____ Relationship _____

2. Name _____ Relationship _____

Review Information

☐ Yes, I have reviewed the essential functions of a physical therapist as outlined on the Drexel University website at **www.drexel.edu/cnhp/rehab_sciences/dpt_essential.asp.**