

DEPARTMENT OF PHYSICAL THERAPY EARLY ACCEPTANCE APPLICATION

Name _____ / _____ / _____
Last First Middle

Name You Prefer to be Called: _____

Date of Birth: _____

Address: _____

City State Zip Code

Telephone () _____

E-Mail: _____

High School(s) Attended (Name, City, State): _____

Expected High School Graduation Date: _____

High School GPA _____

Highest Composite Score: ACT _____ SAT _____

Briefly respond to the following questions. (Please type or use a word processor for your answers).

1. Why do you want to become a Physical Therapist? What prompted this career choice?
2. Give a brief description of physical therapy, as you know it at this time.
3. What has prompted you to seek early acceptance?
4. Describe your most challenging life experience. What did this experience teach you about yourself?
5. What individual characteristics make you **uniquely** qualified for early acceptance in an entry-level PT program other than being a good student and wanting to help people?
6. How have you challenged yourself, your ideals, your philosophies, your concepts of life or the way you live?
7. In what way/ways have you changed as a result of this challenge?
8. If you are not accepted into this program, what are your plans for the future?
9. List any honors or distinctions you have received.
10. Describe your leadership experiences.

If you have had the opportunity to teach others describe how you felt about these experiences.

11. Do you have interest in research? If so, could this help your working as a Physical Therapist?

Resume: Attach a resume listing your academic achievements, honors received, activities (extracurricular, community, volunteer, and/or a vocational), and any employment.

Signature _____

Date _____

Submit this application, your resume, essay, and letters of recommendation from a high school teacher and extra curricular activity advisor/coach:

**UAB School of Health Professions
Department of Physical Therapy
SHPB 333
1720 2nd Ave. S.
Birmingham, AL 35294-1212**