EMORY & HENRY COLLEGE

Doctor of Physical Therapy Program

APPLICATION FOR GRADUATE ADMISSION

GRADUATE APPLICATION PROCEDURE AT EMORY & HENRY COLLEGE

1. Complete this application packet (typed or neatly printed in ink) and sign it. Send the forms along with the $30 application fee to: Office of Graduate Admissions, P.O. Box 10, Emory & Henry College, Emory, VA 24327-0010, phone: (800)-848-5493, (276)-944-6133, email: ehadmiss@ehc.edu.

2. All applicants are required to have official transcripts for all undergraduate and graduate work and a copy of recent scores (within the last five years) from the Graduate Record Exam (GRE) submitted directly to the Office of Graduate Admissions. Applicants must hold a degree from an accredited undergraduate institution with a minimum overall GPA of 2.75 and 3.0 in the major.

3. Applicants must submit three letters of reference from individuals familiar with the applicant's academic performance and promise for graduate work.

STUDENT SECTION: PERSONAL INFORMATION

Status: Have you previously applied for admission to Emory & Henry College? ❑ Yes, Semester _____Year _____ ❑ No

Social Security Number _____(Area Code) Home Phone _____ (Area Code) Work Phone _____

Email Address _____

Last Name _____First Name _____Middle Name (Jr./III/etc.) _____

Preferred Name _____ Date of Birth _____ (Month/Day/Year)Place of Birth (City/State) _____

Current County of Residence_____

Mailing Address/Rural Route/PO Box _____City _____ State _____ Zip_____

Permanent Address (if different from above) _____City _____ State _____Zip _____

I am a U.S. Citizen: ❑ Yes ❑ No Permanent Resident: ❑ Yes ❑ No Alien Registration Number _____

OPTIONAL: We do not require the following information. We use this data only for aggregate reporting purposes and to better understand, serve and honor our students' cultural heritage.

What racial or ethnic group do you identify with? (African-American/Black, Native American, Asian, Asian-American, White/Caucasian, Biracial/Multiracial, Hispanic/Latino, Other—please specify): _____

Ethnicity: _____ Religious Affiliation: _____

Gender: ❑ Male ❑ Female

CURRENT EMPLOYMENT:

Are you currently employed? ❑ Yes ❑ No

Place of Employment and Job Title _____

References: Please list below the references who you have contacted to send us a letter of reference.

Name	Home Phone	Work Phone
Name	Home Phone	Work Phone
Name	Home Phone	Work Phone

ACADEMIC INFORMATION:

Have you taken: ❑ GRE _____ Date _____ Verbal _____ Quantative _____ Analytical Writing _____

Are you currently enrolled at any college? ❑ Yes ❑ No

List all colleges attended (continue on extra sheet if more space is needed).

Name	Location	Dates Attended	Degree (include major and minor)
Name	Location	Dates Attended	Degree (include major and minor)

Are you eligible for readmission at your last college? ❑ Yes ❑ No

HONORS, EXTRACURRICULAR AND COMMUNITY ACTIVITIES:

Please provide appropriate dates or years for all items. You may enclose a separate sheet of activities and honors if you like.

Honors and Professional Activities

Hobbies and Special Interests

To the best of my knowledge, the information provided in this application is complete and accurate. By my signature, I pledge that all work presented here is my own.

Signature Date

Emory & Henry College does not discriminate on the basis of race, color, national origin, age, religion, sex, sexual orientation, or physical handicap in administration of its educational policies, hiring policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. Emory & Henry College affirms the dignity and worth of every individual.

EMORY & HENRY COLLEGE

Doctor of Physical Therapy Program
TRANSCRIPT REQUEST

TO THE APPLICANT: Complete the information below and send it to the Registrar of each university or college you have attended. Duplicate as needed. If you are currently enrolled at Emory & Henry or have previously attended the College, you must request that your transcript be sent from the Registrar's Office to the Admissions Office.

PLEASE PRINT OR TYPE:

Title Name: Last First Middle Maiden

Institution Dates of Attendance Degree Graduation Year

I authorize the release of my academic transcript to Emory & Henry College Office of Admissions:

Signature _____ Date _____

TO THE REGISTRAR: The person named above is applying for admission to graduate studies at Emory & Henry College. Please enclose this form and one copy of the applicant's transcript in an official university envelope. If the applicant's transcript cannot be forwarded, please indicate the reason*. Send the materials promptly to:

Office of Graduate Admissions
Emory & Henry College
Post Office Box 10
Emory, VA 24327

For further information, please call 276.944.6133.

**Reason cannot be sent:* _____

Signature of Registrar _____ Date _____

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