

# EMORY & HENRY COLLEGE

## Doctor of Physical Therapy Program

### APPLICATION FOR GRADUATE ADMISSION

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#### 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 947, 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 prerequisite courses.**

**3. Applicants must submit and updated resume, documentation of at least 40 observation hours under a licensed physical therapist and three letters of reference from individuals familiar with the applicant's academic performance and promise for graduate work.**

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#### 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 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)
_____	_____	_____	_____
_____	_____	_____	_____

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

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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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