

Graduate Application

**College of Education,
Nursing and Health Professions**

Division of Health Professions

Master of Science in Physical Therapy



University of
Hartford



College of Education, Nursing and Health Professions
Division of Health Professions
Master of Science of Physical Therapy

Directions for Application to Graduate Study

The Center for Graduate and Adult Academic Services and the College of Education, Nursing and Health Professions welcome your application for graduate study at the University of Hartford. In order to be considered for graduate study in physical therapy, you must submit all the materials listed in the CHECKLIST below. All materials must be submitted no later than February 1.

For more detailed information regarding admission criteria and policies, as well as academic policies and completion requirements, please read the graduate policies and procedures included in the latter portion of the booklet.

- Submit application and a nonrefundable application fee, \$40 for domestic applicants, \$55 for international applicants, payable to the University of Hartford.
- Request that all colleges and postsecondary institutions forward *official* transcripts.
- Request three recommendations from professors, employers, or school administrators on the forms supplied. **NO EXCEPTIONS.**
- Submit official Graduate Record Examination (GRE) scores taken within the last five years.
- Typewritten page that documents health care related experience. (10 hours required.)
- Submit official TOEFL scores (if applicable).
- International students must submit a Bank Certified Guarantor's Statement of Financial Support stated in U.S. dollars.

Return all materials to the Center for Graduate and Adult Academic Services, Computer and Administration Center, University of Hartford, 200 Bloomfield Avenue, West Hartford, CT 06117-1599.

The University's institutional code number for GRE scores is 3436.

If you have previously taken the GRE (within the last five years), test scores may be obtained from:

Graduate Record Examination
Educational Testing Services
Princeton, NJ 08541-6000

Information about the Graduate Record Examination may be obtained by contacting the Center for Graduate and Adult Academic Services, Computer and Administration Center, University of Hartford, 200 bloomfield Avenue, West Hartford, CT 06117-1599, (860) 768-4371.

Complete your application form online at:
<http://www.hartford.edu/Admission/graduate/>
or complete the attached application form.



University of Hartford Physical Therapy Program Graduate Application

Instructions for Post-Baccalaureate Applicants

APPLICATION DEADLINE: FEBRUARY 1

The professional physical therapy program leading to the M.S. in Physical Therapy is designed for graduate professionals dedicated to the promotion of health and the prevention and rehabilitation of physical disabilities. Students who possess a baccalaureate degree in another area and have satisfied prerequisite courses may apply to enter into the professional phase to complete the requirements for the M.S. in Physical Therapy.

Applicants must submit the following materials to the Office of Admission and Student Financial Assistance by Feb. 1:

1. Completed Physical Therapy Graduate Application including the essay.
2. Transcripts for all undergraduate and post-graduate academic work. A minimum undergraduate GPA of 3.0 is required.
3. Confidential Letter of Recommendation Forms (included in graduate application) from each of the following individuals:
 - course instructor or academic advisor
 - a supervisor in professional or other work capacity
 - another individual in either capacity
4. A typewritten page that documents health care related experience (10 hours are required)
5. Scores on the aptitude portion of the Graduate Record Examination (GRE). Minimum scores of 500 on the verbal, quantitative and analytic portions of the GRE are strongly recommended. Applicants with more than one subtest score below 500 will not be considered (with the exception of the verbal score for those with English as a second language). For those with English as a second language, a minimum score of 550 on the TOEFL is necessary. Official scores must be received by the University by the February 1 deadline.

Interviews are the final stage and an integral part of the application process. Admission to the Physical Therapy Program is highly competitive, therefore, interview invitation are extended only to the most qualified applicants who demonstrate competitive academic proficiency and satisfactory progress in all other areas of the application.

Prerequisite courses must be taken and passed with a 2.0 or better. An overall undergraduate degree GPA of 3.0 is necessary for consideration for admission. No exceptions will be made. Applications will not be evaluated if they do not meet these grade requirements. Prerequisite courses for entry into the Master of Science phase of the physical therapy program include:

First Year (MS I)

Summer

PT 500 Gross Anatomy (2)
PT 501 Gross Anatomy Lab (2)
PT 502 Biomechanics (2)
PT 503 Biomechanics Lab (1)
PT 510 Clinical Medicine I

Fall

HS/BIO 515 Neuroscience (3)
PT 504 Kinesiology (2)
PT 505 Kinesiology Lab (1)
PT 506 Physical Agents (2)
PT 507 Physical Agents Lab (1)
PT 512 Cardiopulmonary (2)
PT 513 Cardiopulmonary Lab (1)
PT 520 Clinical Integration I (1)
PT 521 Clinical Integration I Lab (2)
PT 525 Scientific Inquiry (2)

Spring

PT 511 Clinical Medicine II (3)
PT 508 Musculoskeletal I (3)
PT 509 Musculoskeletal I Lab (2)
PT 522 Clinical Integration II (2)
PT 523 Clinical Integration II Lab (1)
PT 526 Scientific Inquiry II (2)
PT 527 Scientific Inquiry II Lab (1)
PT 516 Foundations of Motor Control (3)

Summer

PT 530 Clinical Experience I (0)

Second Year (MS II)

Fall

PT 600 Neuro Eval & Treat (2)
PT 601 Neuro Eval & Treat Lab (1)
PT 605 Musculoskeletal II (2)
PT 606 Musculoskeletal II Lab (1)
PT 608 Clinical Integration III (2)
PT 609 Clinical Integration III Lab (1)
PT 611 Scientific Inquiry III (2)
PT 612 Principles of Clinical Teaching (2)
PT 613 Pharmacology for PT (2)

Spring

PT 602 Pediatric Eval & Treat (2)
PT 603 Pediatric Eval & Treat Lab (1)
PT 610 Clinical Integration IV
PT 614 Practice in Gerontology (3)
PT 615 PT Health Care Administration
and Organization
PT 620 Master's Research

Fall

PT 625 Clinical Experience II (0)
PT 630 Clinical Experience III (0)

The University of Hartford has been granted Accreditation status by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.



**College of Education, Nursing and Health Professions
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Master of Science in Physical Therapy**

ESSAY

Please address the following essay question. Your response should not exceed one double-spaced typed page:

Based on your knowledge of the physical therapy profession and its challenges today, what qualities do you feel are necessary for success as a physical therapist?

HEALTH CARE RELATED EXPERIENCE

Ten hours of health care related experience is required for all applicants. Please document experience in one type-written page.

College of Education, Nursing and Health Professions
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Graduate Policies and Procedures

I. GRADUATE ADMISSION CRITERIA AND EVIDENCE

The criteria for admission are listed below.

1. The ability to think critically, grasp abstract concepts, and analyze complex information, in order to be successful in the Master of Science in Physical Therapy classes.
 - 3 letters of recommendation
 - GRE score of 1000 or better (minimum scores of 500 on verbal, quantitative and analytic portions are strongly recommended)
 - Undergraduate GPA of B (3.0) or better
2. Sufficient command of English to be successful in Master of Science in Physical Therapy classes.
 - Essay
 - Interview
 - TOEFL scores of at least 550, when required
3. Competence in written communication.
 - Essay
 - Letters of Recommendation
4. Competence in oral communication.
 - Interview
 - Letters of Recommendation
5. Demonstrate knowledge of the profession.
 - Essay
 - Interview
 - 10-hour required exposure
6. Demonstrate comprehension of the commitment necessary for professional preparation in the Division of Health Professions.
 - Essay
 - Interview



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Graduate Policies and Procedures (*continued*)

7. Competence in the basic skills of reading, writing and mathematics.

Essay

GRE scores (TOEFL when applicable)

Graduate Admission Materials

Each candidate **MUST** submit the following materials:

Evidence of graduation from an accredited institution of higher education.

Transcripts of all undergraduate and graduate course work.

Written essay.

Three letters of recommendation.

Statement of 10 hours of health care related experience.

Official reports of GRE scores.

Admission Procedure

The Graduate Admissions Committee of the Physical Therapy Program will make all admission decisions. The committee will review only complete files submitted no later than February 1. The committee will interview only the most qualified candidates based on review of these materials and will then take one of three actions:

1. Accept
2. Wait List
3. Reject

Candidates will be notified in writing of the Committee's decision.

Graduate Academic Policies and Procedures

Degree Requirements

Candidates must complete a minimum of 77 credits including a minimum of 26 weeks of clinical experience to fulfill degree requirements. All requirements must be completed within two and a half years from time of program entry. The curriculum is designed for full-time study; part-time enrollment is not an option.



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Graduate Academic Policies and Procedures (*continued*)

Criteria for Satisfactory Progress

All courses required for the major must be taken for a letter grade and may to be taken on a Pass/No Pass basis (with the exception for clinical affiliations). The clinical affiliation components are considered professional courses. Satisfactory completion of them is a requirement for obtaining the Master of Science degree in physical therapy.

Degree candidates must attain an overall grade point average of B (3.0) or higher. No grade below a C is acceptable for credit. If a student's overall GPA falls below a 3.0 in one semester, the student is put on a GPA probation for the following semester. Upon completion of the probationary semester, if the student's overall GPA is still below a 3.0, the student will be dismissed from the program.

A professional course grade of below 2.0 or No Pass will be allowed only once in the program. This includes all didactic and clinical courses. That course may be repeated only once in order to raise the grade to a 2.0 or better or to a "Pass". If a didactic course is failed, the student may not continue with the professional program until the course is repeated. If a clinical affiliation is failed, the student may continue with didactic courses, and the affiliation will be repeated in the next scheduled affiliation session. A student will be placed on course failure probation if he/she does not pass a professional-level course with a C or better, or fails a clinical affiliation.

Grading Policy

Grades and grade points are based upon the following system:

| | | | | | |
|-----------|-------------|-----------|-------------|-----------|-------------|
| A | 4.00 | B- | 2.67 | D+ | 1.33 |
| A- | 3.67 | C+ | 2.33 | D | 1.00 |
| B+ | 3.33 | C | 2.00 | D- | 0.67 |
| B | 3.00 | C- | 1.67 | F | 0.00 |

Dismissal

A student will be dismissed from the Physical Therapy Program if he/she has two sequential semester with GPAs that are below 3.0. Failure of two courses will result in dismissal from the program.



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Graduate Academic Policies and Procedures (*continued*)

Lecture/Lab Grade Policies

In courses with a lab, both the lecture and the laboratory portions of the course must be passed with a grade of 73% or better to receive a passing grade for the entire course. A student who receives a failing grade in a laboratory practical exam will be allowed one retake as scheduled by the instructor. Retaken practical exams will be graded on a pass/fail basis. A pass will result in a final grade of 73% for the examination, a fail will result in retention of the original grade.

Graduation

Students may “walk through” the Commencement ceremony in May upon completion of their required course work; however, they will not receive their degrees until clinical education experiences are successfully completed.

Students will not be awarded a diploma until January, after all clinical education is completed and they have submitted the following: clinical site evaluations, program evaluations, and student clinical performance instrument.

Licensure

It is the responsibility of each student to obtain and complete all appropriate documentation for licensure in the state of their choice.



Department of Physical Therapy LETTER OF RECOMMENDATION FORM

1. Remove the three (3) copies of this form from the supplemental application packet.
2. TYPE in your name and social security number on each copy.
3. Provide one copy of this form and a self-addressed, stamped letter-sized envelope with your name written legibly or typed across the front, to each of the following:
 - (a) a college-level Basic Science Instructor, or a lab instructor, co-signed by professor;
 - (b) a licensed physical therapist;
 - (c) a current or former employer.
4. Request that the individual completing the form seal the completed form in the envelope, write his or her last name across the flap, and return the sealed letter to you.
5. Enclosed the three letters (sealed) and mail them with your Physical Therapy application.

You must allow ample time to complete this part of your application. The deadline for receiving your application (including three letters of recommendation) is February 1.

CONTACT THOSE COMPLETING LETTERS OF RECOMMENDATION EARLY.

APPLICANT'S NAME _____ **SS#** _____ / _____ / _____ has applied to the Department of Physical Therapy at the University of Hartford.

Please indicate your decision before giving this form to the appropriate individual.

This evaluation is to be considered nonconfidential. The evaluation may be shown to me upon my request.
This evaluation is to be considered confidential. I hereby waive my right to review under the provisions of the Family Educational Rights and Privacy Act of 1974, and I understand that the contents of this evaluation will not be available for any inspection now or at any time in the future.

Applicant's Signature _____ **Date** _____

INSTRUCTIONS TO THE PERSON COMPLETING THIS FORM: Circle the number that best represents your assessment of this candidate. Please include any additional information that you feel would assist us in interpreting your responses. An example would be helpful in relation to any extremely high or low ratings. This information must be completed, but feel free to attach a narrative recommendation, if you wish. This letter of recommendation must be returned to the candidate for remission to the University of Hartford, Department of Physical Therapy. See #4 above.

EVALUATOR'S TYPED NAME _____

Evaluator's Phone Number: () _____

Evaluator is _____ an instructor; _____ an employer; _____ a physical therapist

I have known the applicant for approximately: _____
mo./yrs.

Applicant is/was: _____ a student; _____ an employee; _____ a volunteer/aide;
other (please indicate) _____



Key: 1=LOW

7=HIGH

LOWEST

HIGHEST

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Active Organization (Ability to set priorities) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Interest/Concern for Others (Willingness to meet the needs of others, openness to feelings of others, cooperation) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Communication Skills (Oral, listening and written) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Assertiveness/Ability to Engage in Independent Inquiry (Willingness to take initiative, ability to negotiate power, philosophy or point of view with others) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
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| Emotional Stability and Maturity (General ability to cope with adversity, ability to function under stress) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
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| Ethics/Values (Awareness of ethical issues, appropriateness of behavior) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Motivation, Perseverance | 1 | 2 | 4 | 4 | 5 | 6 | 7 |
| Potential as a Leader | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Proficiency and Experience | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

PLEASE COMMENT ON THIS CANDIDATE'S STRENGTHS:

PLEASE COMMENT ON THIS CANDIDATE'S WEAKNESSES OR AREAS THAT NEED IMPROVEMENT:

Evaluator's Signature _____ Date: _____

E-mail _____



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 - (a) a college-level Basic Science Instructor, or a lab instructor, co-signed by professor;
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E-mail _____



Center for Graduate and Adult Academic Services
 Computer and Administration Center
 200 Bloomfield Avenue
 West Hartford, CT 06117-1599
 Telephone: (860) 768-4371 Fax: (860) 768-5160
 E-mail: gettoknow@mail.hartford.edu

Application for Graduate Admission

Fall Spring Summer

Year _____ Full Time

Part Time

PERSONAL DATA

(Please type or print)

- -

Student's Social Security Number (if applicable)

Legal name: _____
 Last (Family) First (Given) Middle (Complete)

Other name credentials
 may be under: _____

Permanent address: _____
 Street City State ZIP Phone

Current address: _____
 Street City State ZIP Phone

Business address: _____
 Employer Fax no.

Street City State ZIP Phone

May we call you at work? Yes No

E-mail: _____

Date of birth: Month _____ Day _____ Year _____ Sex: Male Female

Ethnic background (optional): Native American or Alaskan Native African-American
 Asian-American or Pacific Islander Caucasian
 Hispanic Other _____

Citizenship: Are you a U.S. citizen or a permanent resident (green-card holder)? Yes No
 If no, what is your country of citizenship? _____

What is your country of birth? _____

EDUCATIONAL PLANS AND OBJECTIVES

College to which you are applying:

- Barney School of Business College of Engineering
- College of Arts and Sciences Hartford Art School
- College of Education, Nursing and Health Professions The Hartt School

Proposed degree program of study: _____

How did you hear about the University of Hartford? _____

Have you previously applied to the University of Hartford? Yes No If yes, when? _____

Are you seeking graduate transfer waiver/credit? Yes No If yes, from which institution(s)? _____

To what other graduate programs have you applied to other than University of Hartford? _____

FEDERAL ASSISTANCE (Non-U.S. residents eligible only for graduate assistantships)

To receive federal assistance, including Stafford loans, students at the University are required to file the Free Application for Federal Student Aid (FAFSA). Please contact the office of Financial Aid at 860.768.4282.

If applying for full-time study, do you wish to be considered for a graduate assistantship? Yes No

ACADEMIC HISTORY

List all postsecondary institutions you have attended. (Attach additional information on separate sheet.)

| Institution (List chronologically) | 4-Digit Code (if known) | Location | Attended From-To | Degree Awarded | Year | Major/Minor | GPA |
|---------------------------------------|-------------------------------|----------|---------------------|-------------------|------|-------------|-----|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

List the foreign languages in which you have a basic reading knowledge: _____

TESTING INFORMATION: Have you taken any of the following tests? Yes No If yes, when? _____

GMAT GRE PSYCH. GRE MAT MCAT Have scores been forwarded to the University of Hartford? _____

DAT TOEFL*

Are you applying for a GMAT waiver? Yes No

*Note: International students are required to take the TOEFL (Test of English as a Foreign Language) prior to admission.

RECENT EMPLOYMENT HISTORY

(Attach additional information on separate sheet.)

| Employer (List chronologically) | Location | Job Title | Dates |
|------------------------------------|----------|-----------|-------|
| | | | |
| | | | |
| | | | |

AWARDS, HONORS, PROFESSIONAL MEMBERSHIPS, AND LICENSES

(Attach additional information on separate sheet.)

| | |
|--|--|
| | |
| | |
| | |

RECOMMENDATIONS

List persons supplying your letters of recommendation. (See direction sheet for required number.)

| Name | Title | Address |
|------|-------|---------|
| | | |
| | | |
| | | |

I certify that all items on this application are answered correctly and completely. I understand that incomplete information, the withholding of information, or incorrect information may disqualify me for admission to the University of Hartford or may later be the basis for my withdrawal or dismissal.

Applicant's signature _____ Date _____

Please return your application materials, with the nonrefundable application fee,* to the University of Hartford, Center for Graduate and Adult Academic Services, Computer and Administration Center, 200 Bloomfield Avenue, West Hartford, CT 06117-1599. Once your application and supporting documents have been processed, they become the property of the University of Hartford.

*\$40 Domestic Application, \$55 International Application. Hartt School students are required to pay an additional \$90 processing fee; check should be made payable to the University of Hartford.



**College of Arts
and Sciences**

**Hillyer
College**

**Hartford
Art
School**

**Barney School
of Business**

**College of
Engineering**

**College of Education,
Nursing and Health
Professions**

**The Hart
School**

**Hartford College
for Women**

**Ward College of
Technology**

Statement of Nondiscriminatory Policies

Consistent with the requirements of Title IX of the Education Amendments of 1972, as amended, the University does not discriminate on the basis of gender in the conduct or operation of its educational programs or activities (including employment therein and admission thereto). The University admits students without regard to race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the University. It complies with Title VI of the Civil Rights Act of 1964, as amended, and does not discriminate on the basis of race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other University-administered programs. The University of Hartford hereby provides notice to its students, employees, applicants, and others that it supports the language and intent of Section 504 of the Rehabilitation Act of 1973 (and regulations issued pursuant thereto), which prohibits discrimination on the basis of disability in its educational programs and activities, including admission to and access to the University. The Dean of Students (Gengras Student Union, telephone (860) 768-4260) is the individual designated to coordinate efforts by the University to comply with and carry out requirements under Title IX and Section 504.

Inquiries concerning the application of Title IX, Section 504, and Title VI may be referred to the Regional Director, Office of Civil Rights, U.S. Department of Education, Boston, Massachusetts 02109.