

Applicant Instructions & Checklist

Physical Therapy Doctoral Program Mayo School of Health Sciences (MSHS)

Name (please print)	Social Security Number
Bachelor Degree Granting Institution	Date Bachelor Degree Obtained mm/yyyy
Please indicate the year(s), if you have previously applied to this program	

Instructions:

To **apply** to the Physical Therapy Doctoral Program, the following steps must be completed and all materials received by **February 1** for classes beginning the following fall. No applications are processed until all required materials and the application fee have been received. If you are reapplying, all forms and transcripts, except your GRE scores, must be resubmitted. Applications are reviewed in the order they are received, so it is beneficial to apply early, as interviews begin in December.

This checklist should be used to ensure your application is complete and submitted with all required materials.

Items to be submitted via the online application.

The following items must be submitted to MSHS. The required forms are included in the online application:

- Complete online application, 1-2 page goals statement, and references.
- Complete *Applicant Instructions & Checklist* form.
- Complete *Education Prerequisites* form.
- Complete *Work/Volunteer Experiences in Physical Therapy* form.
- Enclose a copy of current CPR certification card. (If training is not completed, indicate the anticipated completion date on the Education Prerequisites form.)
- Submit the \$50.00 nonrefundable application fee through the MSHS online application.

Send the following items to the address below.

Mayo Clinic College of Medicine
Mayo School of Health Sciences
Physical Therapy Program
Siebens Building, 11
200 First Street SW
Rochester, MN 55905

- Send copy of front and back of current signed CPR certification card. (If training is not completed, indicate the anticipated completion date on the Education Prerequisites form.)
- Arrange to send official transcripts from all post-high school institutions attended. (These must be sent directly from the institution.)
- Arrange to send official Graduate Record Examination (GRE) scores. (Mayo Clinic institutional code is 6444; Physical Therapy code is #0619.) Official GRE scores must be received by **February 1**. If you are reapplying, the GRE score on record can be used. ACT and SAT scores are not required.
- Arrange to send **one Educational Reference** and **one Work-Related Reference** (if not submitted via the online application). References must be mailed in an institutional/business envelope and signed by the person providing the reference across the sealed envelope flap.

Contacts

If you have questions about the Physical Therapy Doctoral Program application process, please call us or see the program's Web pages on the MSHS Web site (<http://www.mayo.edu/mshs/>) or phone (507) 284-2054.

Education Prerequisites

Physical Therapy Doctoral Program Mayo School of Health Sciences

This form must be completed as part of the application.

INSTRUCTIONS: Please list courses you have completed to satisfy prerequisites. Include current course registration and projected course work prior to enrollment. College # (first column) should correspond with college name listed on page 1 of the application.

Name	Social Security Number
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College Number	Dept. Name	Course Number	Course	Academic Year	Academic Term	Semester Hours	Quarter Hours	Grade Earned
BIOLOGY COURSES (4 courses required: 3 must include lab, lab not required for Anatomy)								
			Human Anatomy (If title is different, you must provide copy of course outline.)					
			Human/Mammalian Physiology (If title is different, you must provide copy of course outline.)					
CHEMISTRY (2 courses with lab required)								
PHYSICS (2 courses with lab required)								
STATISTICS (1 course required)								
SOCIAL SCIENCES Must have at least 3 courses, including the following:								
1) PSYCHOLOGY (2 courses required General and either Abnormal or Developmental)								
2) SOCIOLOGY, ANTHROPOLOGY, PHILOSOPHY, LOGIC or ETHICS, SPEECH, DEATH and DYING (1 course required)								
CERTIFIED IN C.P.R. (Cardiopulmonary Resuscitation)						DATE OF GRADUATE RECORD EXAM (GRE):		
<input type="checkbox"/> Valid until _____ (please enclose copy of certificate)						<input type="checkbox"/> In progress Anticipated complete date _____		

