



Name: _____ PTCAS# _____

**Howard University
Department of Physical Therapy
Professional Physical Therapy Program**

Have you at any time in your college experience been on probation, suspended, or debarred for any reason?

___YES ___NO (If yes, explain on a separate sheet).

Have you at any time been convicted of a felony offense?

___YES ___NO (If yes, explain on a separate sheet)

ADMISSION CHECKLIST

Use the checklist below as a guide in completing your application. Indicate that an action has been taken by checking the box.

- Completed pre-requisite worksheet
(<https://cnaahs.howard.edu/programs/physical-therapy/graduate-physical-therapy>)
- PTCAS application submitted by the deadline (**December 15th**)
(www.ptcas.org)
PTCAS ID NUMBER _____
- Video presentation completed
YouTube Link _____
- Separate Online Howard University Graduate/Professional application completed with the **non-refundable** \$75 application fee due by the application deadline. Make a copy of the application fee receipt to be included in the supplemental application package

Upon acceptance a one-time enrollment fee of \$300.00 is due to secure class space for non-Howard University students. *Accepted students will be notified and payment should be made online*

- GRE examination score report. The GRE is required for admissions.
- TOEFL exam taken, score 500 or higher submitted with application (TOEFL score of 500 or more is required for applicants who completed their bachelor's degree in a country where English is not the official language).

Please note:

- Applications are **only** accepted for Summer Admission. The application deadline is for submission is **December 15th**
- All application materials should be submitted electronically to the Admissions Committee at dptadmissions@howard.edu

Once completed, forward this checklist with all other supplemental application documents to the Howard University Physical Therapy Department Admissions Committee at dptadmission@howard.edu. Include the following subject heading: **HU DPT Applicant Package 2018 - (Last Name, First Initial) – (Your PTCAS#)**.

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University administered programs, and employment. Direct inquiries regarding accessibility for handicapped persons, equal opportunity and Title IX to the Office of Equal Employment Opportunity at 202-806-5770