

Office Use Only
Fee Received _____

University of Miami
Leonard M. Miller School of Medicine
Department of Physical Therapy
ATTN: Admissions Office
5915 Ponce de Leon Blvd., 5th Floor
Coral Gables, FL 33146

Application for Admission to the Graduate School

Complete all pages and questions of this application accurately and fully and send to the above address. Attach non-refundable application fee of **\$65.00** (check or money order payable to the University of Miami). See instruction sheet.

PLEASE PRINT OR TYPE

U.S. Social Security Number _____

Mr.
 Ms.
Name _____
Last Name First Name Middle Other Name

Present Address: _____
Street and Number City State Zip Last date at this address

Present Telephone: _____ E-mail Address: _____

Permanent Address: _____
Street and Number City County State Zip

Permanent Telephone: _____

Date of Birth *OPTIONAL* ____/____/____ Mo. Day Yr. _____
Place of Birth _____ City State/Country _____
Country of Citizenship _____

Native Language _____

Please indicate choice of degree D.P.T. (Begins in May of each year) Ph.D. (Begins in August)

For Ph.D. applicants only: Would you attend (primarily): Full time Part time

The Graduate Record Examination (GRE) (was) (will be) taken on _____

Have you ever attended the University of Miami? _____ If so, when? _____ Student No. _____

Under what name, if applicable _____

Have you ever applied for admission to the University of Miami Graduate School? _____ If so, when? _____

Are you applying to the University for financial aid? _____

Are you physically, cognitively, and emotionally able to perform the tasks necessary to progress toward a degree? _____

If not, what accommodations will you need to be successful in the program? _____

Have you ever been disciplined by a student or faculty judicial board for misconduct, or have you ever been convicted of a crime (other than for a traffic offense)? yes no

If yes, please explain:

International applicants only: Write the appropriate letter symbol to indicate type of visa expected upon matriculation at the University or attach copy of Visa:

Resident (R) _____ Parolee (P) _____ Student (F) _____ Exchange Visitor (J) _____ Diplomat (A) _____ Other _____
SPECIFY

The Test of English as a Foreign Language (TOEFL) (was) (will be) taken on _____

1. List chronologically all colleges and universities attended, dates of attendance, major subject(s), received or expected. You should request the registrar of each and every institution attended to provide you with two official, sealed transcripts to be submitted in the application packet. No action will be taken on this application until official transcripts of all academic work are received.

College or University	Location	Dates of Attendance	Major	Degree	GPA

2. Ph.D. or D.P.T. applicants please list graduate course work (titles and credits) in which you are currently enrolled or which you will complete before date of admission.

3. Indicate briefly your honors, academic and professional awards, fellowships, memberships and major activities. List employment history.

4. Indicate original work or investigation which you have done, include title, date and place of publication of any books or contributions to periodicals.

5. On a separate sheet, in approximately 400 words typed, discuss your reasons for wanting to enter graduate study in physical therapy, your reasons for wanting to pursue this study at the University of Miami, and beyond this, your future career goal(s). References may be made to earlier educational or work experience. Entry level DPT applicants, in addition to the above, please discuss your perception of how physical therapists contribute to health care and how your education and post life experience will enable you to make such contributions.

6. Attach a copy of your resume

I hereby certify that the information given in this application is complete and accurate. In applying for admission, I agree, if accepted, to familiarize myself with rules and regulations of the University of Miami and its Graduate School, and to abide by them.

Date _____ Signature of Applicant _____