DOCTOR OF PHYSICAL THERAPY (DPT) PROGRAM
APPLICATION PACKET

Applications must be postmarked no later than January 11, 2016
for consideration in DPT enrollment beginning Summer 2016

Langston University
School of Physical Therapy
P.O. Box 1500
Langston, OK 73050

Phone: (405) 466-2925
Fax: (405) 466-3565

E-mail: scorbett@langston.edu
www.langston.edu/academics/physical_therapy.aspx
Dear Prospective Applicant,

Thank you for your expressed interest in the Doctor of Physical Therapy Program at Langston University. Enclosed please find the application packet. Please review the packet thoroughly. If you have any questions please call 466-2925 or e-mail scorbett@langston.edu. The faculty in the School of Physical Therapy is available to assist with advisement pertaining to enrollment in the Doctor of Physical Therapy program. The completed application materials and requested materials must be sent directly to the School of Physical Therapy. **Applications must be postmarked on or before January 11, 2016. All the information requested is to be mailed directly to:**

**LANGSTON UNIVERSITY**
Attn: Ms. Samantha Corbett
Administrative Assistant
School of Physical Therapy
P.O. Box 1500
Langston, Oklahoma 73050

Upon receipt of your application, we will send you a letter acknowledging that we have received the application. The DPT program accepts a maximum of fourteen students each year for the class that begins in the summer semester. The Selection and Admissions Committee utilizes a rolling admissions policy for 50% (7 students) of the fourteen qualified students to be selected. Qualified applicants are encouraged to submit all of the required documents as early as possible.

Again, thank you for your interest in Langston University, School of Physical Therapy.

Sincerely,

Elicia Pollard, PT, Ph.D.
Associate Professor
Admissions Committee Chair
School of Physical Therapy
Doctor of Physical Therapy Program
**APPLICATION FOR ADMISSION** : Academic Year 20_____

1. **Applicant’s Full Legal Name:**
   Last | First | Middle

2. **Other Names under which your records may appear:**
   Last | First | Middle

3. **Social Security Number:**

4. **E-Mail:**

5. **Are you a veteran?**  
   - Yes  
   - No  
   *If yes, what is your discharge date?*

Information requested regarding applicant’s race or ethnicity is voluntary, and will be used in a non-discriminatory manner consistent with applicable civil rights laws.

6. **Gender:**  
   - Male  
   - Female

7. **Date of Birth:**
   Month | Day | Year

8. **Place of Birth:**
   City | State

9. **Race/Ethnic Background:**
   - African American
   - Asian American
   - Hispanic
   - White
   - Native American
   - Other:

10. **Citizenship/Residency:**
    - Are you a citizen of the United States?  
      - Yes  
      - No  
    *If no, country of citizenship:*
    - If not a U.S. citizen, do you have permanent resident Alien status?  
      - Yes  
      - No  
    *If yes, please complete an international student application.*  
    *If no, please include a photocopy of your registration card (front & back).*
    - Are you an Oklahoma resident?  
      - Yes  
      - No  
    *If yes, how long?*  
    *In what county?*  
    *If you are not an Oklahoma resident, in what state are you a resident?*

11. **Permanent Address:**
    Street | City | State | Zip Code

12. **Mailing Address:**
    Street | City | State | Zip Code

13. **Telephone Numbers:**
    Work | Home | Cellular

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Langston University, School of Physical Therapy, is in compliance with Title IV and VII of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, Americans with Disabilities Act of 1990 and other federal laws and regulations. Langston University does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to, admissions, employment, financial aid, and educational services.
14. Next of Kin:

<table>
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<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Relationship</th>
<th>Phone Number</th>
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15. Address of Next of Kin:

<table>
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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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16. Did you previously attend Langston University?  
☐ Yes  ☐ No

If yes, when did you last attend?

17. Have you taken the Graduate Record Examination?  
☐ Yes  ☐ No

If yes, date GRE was taken:

Were scores sent to Langston?  
☐ Yes  ☐ No

GRE comments

18. Are you currently on probation from any college or university?  
☐ Yes  ☐ No

If yes, please explain:

19. Have you ever been suspended or expelled from any college or university?  
☐ Yes  ☐ No

If yes, please explain:

20. Have you ever been convicted of a felony?  
☐ Yes  ☐ No

If yes, please explain:

21. Education History: Official transcripts from all institutions of higher education attended must be forwarded to the School of Physical Therapy

<table>
<thead>
<tr>
<th>School</th>
<th>Dates of Attendance</th>
<th>Degree</th>
<th>Date Awarded</th>
<th>Area of Concentration</th>
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<tbody>
<tr>
<td>High School</td>
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REQUIRED BY ALL APPLICANTS
By my signature below, I certify that:

1. The information provided is complete and accurate to the best of my knowledge.

2. I understand that Langston University requires official transcripts from EACH college I have attended, and I am responsible for ensuring that these transcripts are sent directly to Langston University.

3. I authorize any college or university I have attended to furnish transcripts and any other information as requested by Langston University.

4. I understand that by withholding information requested in this application or giving false information, I may be ineligible for admission to, or continued enrollment at Langston University.

5. I authorize the Selection and Admissions Committee to discuss information pertaining to the application process with those individuals providing transcripts, recommendations, and other documentation (including clinical observations).

________________________________________________________________________
Signature                                            Print Name                                            Date

Carefully review your application to determine that all information is complete and accurate. An incomplete application or failure to submit required documents, and appropriate fee (check or money order) will delay processing. Please return completed application and fee directly to the School of Physical Therapy.

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