

**UNIVERSITY OF KENTUCKY**  
**COLLEGE OF HEALTH SCIENCES**

**APPLICATION: DOCTOR OF PHYSICAL THERAPY (DPT) – TRANSITION PROGRAM**

1. Name: \_\_\_\_\_

Last                                      First                                      Middle                                      Maiden

2. Ethnic Background (check one): (Optional-this is used for statistical summaries ONLY and has no bearing on your application status)

- Hispanic                                       White/Non-Hispanic                                       Puerto Rican
- African American                                       American Indian                                       Other (specify) \_\_\_\_\_
- Mexican American                                       Asian/Pacific Island

3.  Male       Female (Optional –this is used for statistical summaries ONLY and has no bearing on your application status)

4. Year of expected entry into DPT-Transition Program \_\_\_\_\_

5. ADDRESS FOR CORRESPONDENCE (for all DPT-Transition program material through December 2009):

Permanent Address: \_\_\_\_\_

Number and Street

\_\_\_\_\_

City                      State      Zip                      Cell                      Home Phone                      Email Address

6. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_                      7. Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Have you previously applied for UK DPT-Transition Program admission?  Yes       No      If yes, give dates(s) \_\_\_\_\_

9. List all undergraduate colleges, universities, or professional schools, beginning with the institution currently or most recently attended. (Please use additional paper if needed and make sure to note the type of PT degree and university from which it was awarded).

Institution & Address	Declared Major	Month/Year	Month/Year	Degree or Certificates Earned
_____	_____	_____	To	_____
_____	_____	_____	To	_____
_____	_____	_____	To	_____
_____	_____	_____	To	_____

10. Residency

a. Are you a resident of Kentucky?  Yes       No

b. Have you received financial support from an individual out-of-state during the last 12 months?  Yes       No

11. Please submit as a cover to this application one **Letter of Application** indicating your **reasons** for desiring to complete the DPT-Transition Program. See instructions for specific content to include.
12. Please select a curricular model that you expect to follow in the DPT-Transition program (this does not restrict you to this model, but does help in planning the number of students to select each year).

I would like to select the 1 year+ curricular model.

I would like to select the 2 year+ curricular model.

13. Physical Therapy License: State \_\_\_\_\_ Number \_\_\_\_\_  
State \_\_\_\_\_ Number \_\_\_\_\_

**I understand that (1) it is my responsibility to insure all application materials are received by the deadline date and (2) withholding or giving false or misleading information will make me ineligible for admission and enrollment.**

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Applicant's Signature

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Date

