

# **Prerequisite Worksheet Form**Doctor of Physical Therapy

Name:	Email:	Applying for Fall of
Directions		

- Download and save this document before filling it out.
- · Open with Adobe Reader (free download at www.adobe.com/reader). You may also fill out by hand.
- It is only necessary to list the courses that meet the required credit hours. Listing additional courses is optional.
- Convert from quarter credits to semester credits (if necessary; see GPA Calculation Form).
- · All completed courses should contain a letter grade (pass/no pass not accepted).
- If the course is in progress, or will be completed in a future term, write the expected date of completion.
- If the course was retaken, list the most recent grade and write "yes" in the appropriate column.

#### **Anatomy and Physiology:** 8 semester credits

Dept. & No.	Course Title	Credits	Grade	Date Completed (or expected date)	Retaken Course	Institution

#### **Biological Sciences**: 4 semester credits

Dept. & No.	Course Title	Credits	Grade	Date Completed (or expected date)	Retaken Course	Institution

#### **Chemistry**: 8 semester credits

Dept. & No.	Course Title	Credits	Grade	Date Completed (or expected date)	Retaken Course	Institution

## **Physics:** 8 semester credits

Dept. & No.	Course Title	Credits	Grade	Date Completed (or expected date)	Retaken Course	Institution

### **Statistics**: 2 semester credits

Dept. & No.	Course Title	Credits	Grade	Date Completed (or expected date)	Retaken Course	Institution

<b>Prerequisite GPA:</b>					
Transfer GPAs from	the	GPA	Calculation	Form	here