



School of Physical Therapy  
**Doctor of Physical Therapy Program**  
 Supplemental Application (2019)

<b>Full Name</b>				Date	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		

### Marshall University School of Physical Therapy Policy Statements

#### Equal Opportunity Policy Statement

It is the policy of Marshall University to provide equal opportunities to all prospective and current members of the student body, faculty, and staff on the basis of individual qualifications and merit without regard to race, color, sex, religion, age, handicap, national origin, or sexual orientation. This non-discrimination policy also applies to all programs and activities covered under Title IX, which prohibits sex discrimination in higher education. Marshall University strives to provide educational opportunities for minorities and women in the undergraduate student body which reflect the interest, individual merit and availability of such individuals. The university ensures equality of opportunity and treatment in all areas related to student admissions, instruction, employment, placement accommodations, financial assistance programs, and other services. Marshall University also neither affiliates with nor grants recognition to any individual, group, or organization having policies that discriminate on the basis of race, sex, religion, age, sexual orientation, handicap, or national origin. Information on the implementation of the policy and/or the Title IX Amendment should be addressed to: Office Equity Programs/Old Main/Marshall University/Huntington, West Virginia 25755.

#### Annual Security and Fire Safety Report

Marshall University is committed to assisting all members of the University community in providing for their own safety and security. The Annual Security and Fire Safety report is available at [www.marshall.edu/disclosures/securityreport](http://www.marshall.edu/disclosures/securityreport). A printed copy of the report is available by calling the Marshall University Police Department at (304) 696-4357. The report contains information regarding campus security and personal safety including topics such as: crime prevention, university police law enforcement authority, crime reporting policies, fire safety polices, disciplinary procedures and other matters of importance related to security on campus. The report also contains information about fire statistics in MU Residence Halls and crime statistics for the three previous calendar years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by MU; and on public property within, or immediately adjacent to and accessible from the campus. This information is required by law and is provided by Marshall University.

#### Consumer Information and Disclosures

In order to help consumers make well-informed decisions about postsecondary education, federal regulations require higher education institutions to disclose certain information. To assist in locating this information, Marshall University has created a Consumer Information and Disclosures launching point at <http://www.marshall.edu/disclosures/>. Among others, the following specific reports are available from the Marshall University Consumer Information and Disclosures web site: student financial aid information, drug and alcohol abuse prevention program information, retention rates, and graduation rates. Prospective students may request printed copies of any report at no charge by calling the Office of University Communications at (304) 696-7153.



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<b>Applicant Information</b>				
<b>Full Name</b>				
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
<b>Address</b>				
	<i>Street Address</i>		<i>Apartment/Unit #</i>	
	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
	<i>County</i>		<i>Country (if not U.S.)</i>	
<b>Phone</b>		<b>Email Address</b>		
<b>Date of Birth</b>		<b>Social Security #</b>		
<b>Gender</b>		<b>PTCAS ID #</b>		
<b>Emergency Contact</b>				
	<i>Name</i>		<i>Telephone</i>	
<i>Street Address</i>		<i>City</i>	<i>State/Zip</i>	
<b>Citizenship</b>				
<b>Birthplace</b>				
	<i>City</i>	<i>State</i>	<i>Country (if not U.S.)</i>	
<b>Citizenship (check one)</b>	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Permanent US Resident	<input type="checkbox"/> *International Applicants	
	<input type="checkbox"/> *Non-resident Alien	<input type="checkbox"/> Refugee		
*Applicants who are non-resident aliens and international applicants should contact the Center for International Programs at (304) 696-6265 for assistance with your paperwork.				
<b>Did you earn a degree from an institution where English was not the primary language of instruction?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please indicate TOEFL iBT taken date and your scores below.</b>	
<i>TOEFL iBT Date Taken</i>	<i>TOEFL iBT Score</i>		Reading:	Total:
			Listening:	
			Writing:	
			Speaking:	



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<b>Applicant Information (cont'd)</b>					
<b>Do you currently reside in any of the following counties of Ohio or Kentucky? (If yes, please check the county &amp; provide your driver's license information. If no, skip this section.)</b>					
<b>Ohio:</b> <input type="checkbox"/> Gallia <input type="checkbox"/> Jackson <input type="checkbox"/> Lawrence <input type="checkbox"/> Meigs <input type="checkbox"/> Pike <input type="checkbox"/> Scioto					
<b>Kentucky:</b> <input type="checkbox"/> Boyd <input type="checkbox"/> Carter <input type="checkbox"/> Elliott <input type="checkbox"/> Floyd <input type="checkbox"/> Greenup <input type="checkbox"/> Johnson <input type="checkbox"/> Lawrence <input type="checkbox"/> Martin <input type="checkbox"/> Pike					
Driver's License number		State		Issue Date	
<b>Residency</b>					
<b>Fee Classification Applying for:</b>		<input type="checkbox"/> West Virginia Resident		<input type="checkbox"/> Nonresident (out-of-state) (If checked, skip the remaining section of Residency.)	
Residency Information Questionnaire <i>Documentation may be required, and if so, is due by the end of the first week of classes of the term of application.</i>					
<b>This following section <u>must be</u> completed by all applicants claiming West Virginia residency.</b>					
Enter the dates during which you have maintained a domicile and continuous residence in West Virginia.					
From: _____/_____/_____			To: _____/_____/_____		
Have you filed a West Virginia Income Tax return during the past 12 months?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, did you claim West Virginia residency on the tax return?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own residential property in West Virginia?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you paid West Virginia personal property taxes during the past 12 months?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you file a West Virginia Income Tax return for the current year?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If married, is your spouse a resident of West Virginia?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently a registered voter in West Virginia?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a motor vehicle registered in your name?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is that vehicle licensed in West Virginia?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver's License number		State		Issue Date	



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### Additional Information

The information requested below is utilized to meet Federal and State requirements. Your optional but important responses will not be used in the admission process.

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

Do you consider yourself Hispanic/Latino? ( <i>A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race</i> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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In addition, select one or more of the following racial categories to describe yourself

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>American Indian or Alaskan Native</b> – a person having origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.                       |
| <input type="checkbox"/> | <b>Asian</b> – a person having origins in any of the original peoples of the Far East, Southeast Asia or Indian Subcontinent origin; including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Taiwan, Thailand, and Vietnam. |
| <input type="checkbox"/> | <b>Black or African American</b> – a person having origins in any of the black racial groups of Africa.  |
| <input type="checkbox"/> | <b>Native Hawaiian or other Pacific Islander</b> – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  |
| <input type="checkbox"/> | <b>White</b> – a person having origins in any of the original peoples of Europe, Middle East, or North Africa.   |

### Disclaimer

I certify that I am the person named on this application and that the information entered on this form is true and correct. I have read and agree to all applicable policies and information pertaining to my admission and enrollment at Marshall University (see: <http://www.marshall.edu/catalog/Graduate/index.html> for most recent version of MU Graduate Academic Catalog) I understand that this application and all academic credentials should be on file in the School of Physical Therapy Admissions Office by the application deadline, and that I must be formally admitted to the University before I will be permitted to register, be considered for financial aid, or for a graduate assistantship. I authorize the Marshall University School of Physical Therapy to make any investigations that they deem appropriate and to secure any additional information concerning me.



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**Disclaimer (cont'd)**

**I understand that if any criminal or legal charges occur after I submit this application, I am required to notify the Director of Student Affairs within 10 days. I understand that withholding or failing to provide accurate and complete information may result in administrative withdrawal, disciplinary action, or prosecution by the University, and that I may be held responsible for payment of all fees. In consideration of my admission and enrollment, I, the undersigned, do hereby agree to assume and pay any and all costs and charges including interest and collection fees for delinquent accounts. I understand that all materials submitted in support of an application for admission become the property of Marshall University and PTCAS. Materials will not be returned or released to the student or to third parties. I acknowledge and agree to these terms and conditions.**

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please send your completed supplemental application documents by mail or email to:**

Marshall University  
 School of Physical Therapy  
 Admissions Committee

2847 5<sup>th</sup> Avenue  
 Huntington, WV 25702

(304) 696-5611  
[physicaltherapy@marshall.edu](mailto:physicaltherapy@marshall.edu)