California State University, Fresno
Department of Physical Therapy

Fall 2016 Doctor of Physical Therapy Admission Prerequisite Coursework

Applicant's Name: _____ Date: _____

PTCAS ID#: _____ Email: _____

Postmark Deadline for submission: October 1, 2015

Transfer courses: Use blank space to indicate Course Prefix, Number & Title; Institution; Term/Year; Units; Grade.

Course title, prefix & number	Transfer Course Title, prefix & number	Repeat Course	Institution	Term/Year	Semester Units	Quarter Units	Grade	Office Use Only

**Attach additional paper if needed.*

Total Prerequisite GPA: _____

Mail this form directly to:

ATTN: Fall 2016 DPT Admissions
Department of Physical Therapy
California State University, Fresno
2345 E. San Ramon Ave., MH-29
Fresno, CA 93740-8031

OR Hand deliver the form to the PT Department, located in McLane Hall, Room 186A