

Name \_\_\_\_\_ Date \_\_\_\_\_

**School of Health and Environment  
Department of Physical Therapy**

**Prerequisite Course Checklist**

For each prerequisite listed indicate name of course, institution where taken, date, number of credits and grade received. If the course has not been completed indicate plan for completion and the date for the completion.

NOTE: All science courses must be completed within the last 10 years.

<b>Prerequisite Course</b>	<b>Course Name Institution where taken &amp; date</b>	<b>Credits</b>	<b>Grade</b>	<b>Quality Points</b>	<b>Completion Plan</b>
Psychology Course					
Statistics					
<b>The following are used for SCIENCE GPA</b>					
Anat. & Physiology I/lab					
Anat. & Physiology II/lab					
General Chem. I/lab					
General Chem. II/lab					
Physics I/lab					
Physics II/lab					
Kinesiology /lab					
Exercise Physiology/lab					

Science GPA \_\_\_\_\_

**Return with your completed application.**