

The UT Health Science Center at San Antonio

**Supplemental Application Instructions**  
**Class of 2016 Entry**

## Doctor of Physical Therapy Program

To complete your Doctor of Physical Therapy (DPT) application to the UT Health Science Center San Antonio, it is required that you complete and submit the following applications and fees to have your application considered for admission:

- Physical Therapy Central Application Service (PTCAS) online application and fee
- Doctor of Physical Therapy Supplemental Application and Supplemental fee – Physical Therapy

**The early offer deadline is October 1, 2015 and the final deadline to complete all applications and fees is November 2, 2015. No exceptions.**

### **How do I complete and submit my Physical Therapy Supplemental Application?**

Please complete the attached Doctor of Physical Therapy Supplemental Application form and scan/upload the full form to email to [SHPwelcome@uthscsa.edu](mailto:SHPwelcome@uthscsa.edu) For full instructions, please see the PTCAS Instructions for the UT Health Science Center San Antonio Physical Therapy program at <http://www.ptcas.org/home.aspx>.

### **How to I complete and submit my Physical Therapy Supplemental Application Fee?**

Please visit online at <https://commerce.cashnet.com/uthscsasf> to complete your \$60.00 (non-refundable) Supplemental Application Fee for Physical Therapy. First, select “School of Health Professions” next “Physical Therapy” and finally, “Supplemental Application Fee Physical Therapy” section and complete the payment online.

Payment options include: credit card or by electronic check for your Supplemental Application Fee.

The deadline to complete the application *and* pay the fee to be considered for an early offer is **October 1, 2015** and the final deadline is **November 2, 2015**.

Only those applicants who complete the PTCAS and supplemental applications and fees and send all supporting documents to PTCAS by the **November 2<sup>nd</sup> 2015 deadline** will be considered for admission. Applicants who are taking coursework during the summer, fall, or spring semester of the application process must submit a transcript to PTCAS indicating coursework is in progress by the application deadline. You must also list in progress courses on your PTCAS application.

### **Is there an opportunity for my Physical Therapy Supplemental Application Fee to be waived?**

Yes, but only for qualifying economically disadvantaged students. See page 4 for full instructions.

# UT Health Science Center at San Antonio Physical Therapy Supplemental Application



All submitted application materials become the property of The University of Texas Health Science Center at San Antonio and will not be returned or copied. Only complete applications received by the Office of Admissions and Special Programs by the November 2<sup>nd</sup> deadline will be considered for admissions decisions.

## I. Personal Information

|   |   |  |  |                   |
|---|---|--|--|-------------------|
| <b>Entering Year</b><br><br><b>2016</b>   | <b>Prefix</b><br>Mr. <input type="checkbox"/><br>Ms. <input type="checkbox"/> | <b>Full Legal Name (Last) (First) (Middle)</b> |  |                   |
| <b>SS# (optional)</b>   | <b>Contact Phone Number (with area code)</b><br>(    )                        |  | <b>Back-up Phone Number (with area code)</b><br>(    )                   |                   |
| <b>Mailing Address</b>  |   |  | <b>City, State, Zip and County</b>                                       |                   |
| <b>Date of Birth</b>  |   |  | <b>Place of Birth (city, state, county)</b>                              |                   |
| <b>Primary E-mail Address</b>   |   |  | <b>Other E-mail Address</b>  |                   |
| <b>Ethnicity (optional)</b>   |   |  | <b>Previous Name(s)</b>  |                   |
| <b>RESIDENCE CLASSIFICATION INFORMATION</b>   |   |  |  |                   |
| <b>US Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, list country of citizenship:  |   |  | <b>Type of Visa/Expiration Date</b>                                      |                   |
| <b>Resident Alien ID Number (if applicable). Attach copy.</b>   |   |  |  |                   |
| <b>Texas Resident</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, complete below.</b>   |   |  | <input type="checkbox"/> <b>If less than 12 months, prior residence:</b> |                   |
| <b>County of residence?</b>   |   | <b>Months?</b>                                 | <b>Street</b>  | <b>City State</b> |
| <b>If you have been employed in the last 12 months, provide the following information:</b>  |   |  |  |                   |
| <b>Employer</b>   |   | <b>City/State</b>                              | <b>Dates</b>   |                   |
| <b>Employer</b>   |   | <b>City/State</b>                              | <b>Dates</b>   |                   |
| <b>Within the last 12 months, have you been a student at an institution of higher education?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <b>Institution:</b>  |   |  |  |                   |
| Applicants whose residence status is not clearly established should complete a Residency Questionnaire (available from the Office of the Registrar) so that your residence status may be accurately defined/identified in advance of initial enrollment. We may take steps to verify information you have provided. |   |  |  |                   |
| <b>Have you previously applied for admission to UTHSCSA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list program and date of application:  |   |  |  |                   |
| <b>Have you ever matriculated or been a student in a PT program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, indicate the school/location:  |   |  |  |                   |
| <b>Why did you leave the program?</b> <input type="checkbox"/> Voluntary Withdrawal <input type="checkbox"/> Dismissal<br>Explain the reasons for your withdrawal or dismissal:   |   |  |  |                   |

**II. Military Information** Please complete this section ONLY if you are military or military connected.

All applicants who have current or prior military service must attach a copy of their most recent DD214. Members of the Armed Forces assigned to duty in Texas, their spouses and dependents are eligible to pay tuition at the resident rate regardless of length of residence in Texas.

Assigned to military duty in Texas  Spouse or dependent of military personnel assigned to duty in Texas.

Branch of Service \_\_\_\_\_  Active Duty  Reserved Duty

Note: if accepted for admission, military personnel must furnish a copy of orders to the Office of the Registrar two weeks in advance of registration. Dependents must furnish a copy of orders and birth certificate/marriage license as applicable.

**III. Work/Life Experience**

**A. Scholastic Achievement (as of May 2016)**

|                                 |       |
|---------------------------------|-------|
| Highest degree attained         | Major |
| Institution where degree earned | Year  |
| High school attended: Name      |       |
| City, State, Country            |       |

**B. Language skills other than English**

|          |              |           |              |            |
|----------|--------------|-----------|--------------|------------|
|          | (circle one) | Beginning | Intermediate | Proficient |
| Language | (circle one) | Beginning | Intermediate | Proficient |
| Language | (circle one) | Beginning | Intermediate | Proficient |

**Please note:** Individuals who indicate language skills may be tested in that language during the interview process. Individuals who falsely represent their language skills will not be considered further.

**IV. Signature**

UTHSCSA will not evaluate your application until the PTCAS application, including the supplemental application, are complete and all fees paid. By signing this application you are certifying that you have read and understand the Technical Standards of the UTHSCSA PT Studies available at: PT Technical Standards.

Further:

I understand that the Admissions Committee cannot make any decision regarding my application until the PTCAS application with transcripts for all courses taken through the Summer 2016 semester, supporting documents, and this supplemental application have been received. If I have courses in progress during the application process, I understand that if I am accepted into the program, that acceptance is conditional upon satisfactory completion of these courses. Transcripts showing additional work after acceptance must also be submitted. I understand that admission to the program is contingent on successful completion of a criminal background check.

I further understand that all actions on admission of students to the professional phase are the prerogative of the Admissions Committee and that questions concerning the status of a *completed application* should be directed to the PTCAS and the School of Health Professions Office of Admissions and Special Programs.

I understand that the information submitted herein will be relied upon by officials of The University of Texas Health Science Center at San Antonio to determine my status for admission and residency eligibility. I certify that the information in this application is complete and correct and understand that the submission of false information is grounds for rejection of application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

If I have been discontinued from another PT program, I grant the Admissions Committee permission to contact the program to confirm the reasons for my discontinuation.

**I hereby certify that any statements submitted in conjunction with this application are my own work.**

|      |                      |
|------|----------------------|
| Date | Signature (required) |
|------|----------------------|

**Submit this supplemental application by emailing the fully filled out form and scan/email to [SHPwelcome@uthscsa.edu](mailto:SHPwelcome@uthscsa.edu) and pay the required \$60 supplemental application fee online at: <https://commerce.cashnet.com/uthscsaf>.**

**The supplemental application and fee must be received by October 1, 2015 to be considered for the early offer deadline. The final deadline is November 2, 2015. No exceptions.**

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**UT Health Science Center San Antonio Physical Therapy Supplemental Application Fee Waiver**  
**Instructions:**

The UT Health Science Center San Antonio Physical Therapy program is committed to assisting economically disadvantaged applicants. Please note that this process is designed for *economically disadvantaged applicants* and not everyone will qualify.

To qualify for the UT Health Science Center San Antonio Physical Therapy Supplemental Application fee (\$60.00) waiver, you must complete the following steps:

- 1) Go to <http://www.ptcas.org/FeeWaiver/> and follow all PTCAS fee waiver instructions and process. The full form and process must be submitted by the listed deadline and must be submitted to PTCAS directly. **DO NOT SEND to the UT Health Science Center San Antonio.** It will **not** be considered or evaluated.  
See their full website for instructions at <http://www.ptcas.org/FeeWaiver/>
- 2) If you officially qualify for the PTCAS fee waiver, then you are automatically eligible for the UT Health Science Center San Antonio Physical Therapy Supplemental Application fee waiver (\$60.00).
- 3) To complete your OFFICIAL Physical Therapy application for the UT Health Science Center San Antonio, it is **required** to submit your \$60.00 online supplemental application fee/payment and complete the entire process (see page 1 for full instructions).
- 4) Applicants who are considered eligible for the UT Health Science Center San Antonio Physical Therapy Supplemental Fee (\$60.00) waiver will be **reimbursed at the end of the application cycle. No exceptions.**

**Note: Even if you qualify for the UT Health Science Center San Antonio Supplemental Application Fee Waiver (\$60.00), if you do not submit your supplemental application fee (\$60.00 online) prior to the required deadlines, your Physical Therapy application to the UT Health Science Center San Antonio will not be considered for admission. No exceptions.**

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Petition for Course Review (if applicable):

A Petition for Course Review can be found at: <http://students.uthscsa.edu/registrar/wp-content/uploads/sites/2/2014/03/PetitionforCourseReview.pdf> and must be filled out and scanned/emailed to the Office of Admissions and Special programs at [shpwelcome@uthscsa.edu](mailto:shpwelcome@uthscsa.edu) . **Applicants who meet all of the prerequisite coursework do NOT need to complete the substitution form included in this packet.**

For questions concerning this Supplemental Application, contact the Office of Admissions and Special Programs at 210-567-6220 or [SHPwelcome@uthscsa.edu](mailto:SHPwelcome@uthscsa.edu)