

DOCTOR OF PHYSICAL THERAPY

ELON UNIVERSITY

www.elon.edu/dpt

gradadm@elon.edu

CHECK SHEET FOR APPLICATION

Applicant's Name: _____ SS#: _____ - _____ - _____
Last First Middle

INCLUDE WITH APPLICATION:

- Application for Admission (A)
- Application fee — \$50 payable to Elon University (nonrefundable)
- Official transcripts from *all* colleges and universities attended
- Personal Statement
- Three Recommendation Forms (B)
- Work Experience Sheet (C)
- Check Sheet for Application (D)

MAIL DIRECTLY TO ELON UNIVERSITY:

- GRE scores mailed directly from Educational Testing Services (ETS)

ADDRESS APPLICATION AND ALL CORRESPONDENCE TO:

Elon University
Office of Graduate Admissions
2750 Campus Box
Elon, North Carolina 27244

336-278-7600 or 800-334-8448 ext. 3

FAX: 336-278-7699

E-mail: gradadm@elon.edu

Web site: www.elon.edu/dpt