**JUST A REMINDER**

**BEFORE YOU BEGIN**

- Please read the instructions.
- Contact all schools to request that official transcripts be sent to Admissions at A.T. Still University - Arizona School of Health Sciences
- Release and forward official GRE test scores to Admissions at A.T. Still University - Arizona School of Health Sciences

**FILL OUT THE FOLLOWING FORMS**

- Application form
- Resume
- Contact hour record
- Top portion of Evaluation I and II forms and envelopes and distribute to evaluators
- Self-addressed, stamped envelope (optional)

**COMPLETING THE PROCESS**

- Copy completed forms for your records.
- Mail: Complete application
  - Application fee
  - One stamped/self addressed envelope (optional)
  - Sealed Letters of recommendation
- Completed application and all supporting documents and fees should be postmarked by March 1 for priority processing

**QUESTIONS**

For application processing questions contact:

ATSU Admissions
Arizona School of Health Sciences
866.626.2878, Ext. 2237

Return application and fee to:

ASHS Application Materials
A.T. Still University
800 W. Jefferson St.
Kirksville, MO 63501-1497

For specific status/program information **AFTER** your file is complete contact:

Arizona School of Health Sciences, 480.219.6000
APPLICATION FOR ADMISSION

DOCTOR OF PHYSICAL THERAPY (D.P.T.)

D.P.T. – Entry Level Degree Program
Residential on Campus
HOW TO APPLY FOR ADMISSION

STEP 1 Complete the enclosed application along with a non-refundable processing fee (check, money order, or credit card) made payable to “Arizona School of Health Sciences.” The application, all supporting documents, and fee must be postmarked by the program deadline.

Fee Schedule
D.P.T. applicants $60

The D.P.T. degree program is a residential professional doctorate program three years in length. The D.P.T. program operates on a rolling admissions basis. Applicants are encouraged to apply far in advance of March 1 for priority processing. Applications received after March 1 are reviewed if enrollment slots are available. Reapplication for the following year requires submission of new materials and fee.

Return application and fee to:
ASHS Application Materials
A.T. Still University
800 W. Jefferson St.
Kirksville, MO 63501-1497

STEP 2 Official transcripts may be sent directly to ATSU Admissions from each college or university attended or, applicants may submit official transcripts to Admissions in sealed and endorsed envelopes. All transcripts must be in official college/university envelopes.

Courses recorded on one transcript as transfer credit from another institution are not considered official documentation of that coursework. If currently enrolled in coursework, please send the most recent transcripts from that college/university.

Applicants who have graduated from a foreign college or university must submit acceptable evidence of U.S. degree/course equivalency. Applicants must have foreign transcripts evaluated by an evaluation service specializing in foreign transcript evaluation.

Foreign Evaluation Services:
American Association of Collegiate Registrars & Admissions Officers
One Dupont Circle, NW, Suite 520
Washington, DC 20036-1135 202.293.9161
www.aacrao.org, link to Foreign Education Credential Service

Educational Credential Evaluators, Inc.
P.O. Box 514070
Milwaukee, WI 53203-3470 414.289.3400

International Education Research Foundation, Inc.
P.O. Box 66940
Los Angeles, CA 90066 310.390.6276

English language proficiency may be demonstrated by six semester hours of English and three semester hours of speech at a U.S. college or university prior to matriculation or by submitting a minimum official TOEFL score of 500 (paper-based total), 173 (computer-based total), or 61 (Internet-based total).

STEP 3 Resume:
Submit a resume with your completed application following the guidelines on page 3.

STEP 4 Submit letters of recommendation/evaluation forms:
Evaluation I must be from a present or former faculty member, academic advisor, or employer. Evaluation II must be from a professional in the physical therapy field familiar with the applicant’s professional experience.

Letters should be on official letterhead or evaluation forms. Applicants may submit letters of evaluation directly to Admissions in sealed, endorsed envelopes. Letters from an educational consulting service will not be considered. Letters of reference must be submitted for each application year.

STEP 5 Test scores:
Official Graduate Record Examination (GRE) test scores are required. To forward the results of your Graduate Record Examination (GRE) to ATSU Admissions, contact Score Reporting Services at the Educational Testing Service. Request that an official report of your scores be forwarded to the 3743 ASHS code (there is no department code). The website for GRE is located at www.gre.org, telephone 609.771.7670. Student copies of GRE scores are not considered official.

STEP 6 If you have downloaded this application from the web and would like to receive an acknowledgement of completion notice, include a self-addressed, stamped envelope with your application packet. You will then receive notification from ATSU Admissions when your application is complete.

STEP 7 Contact hours record:
Please note that a minimum of 30 contact hours in physical therapy are required.

STEP 8 Applications will be reviewed upon receipt of the following official application items:
Application and application fee
Official transcripts
Resume
Recommendation letters/evaluation forms
Official test scores
Self addressed envelope (optional)

STEP 9 Eligibility for an interview will be determined by the ASHS Program Prescreening Committee and will be based on academic preparation, clinical exposure, resume, life and work experiences, community service, letters of recommendation, and interest in doctoral studies.

GUIDELINES TO PREPARING THE RESUME

The resume is an opportunity for the candidate to present an overview of the non-academic activities and life experiences to the admissions process. The resume should present relevant facts about the applicant and organize information on an applicant’s unique assets, facts, and dates. This guide is provided to give applicants the opportunity to present themselves to the admissions process in a uniform manner.

FORMAT

The resume should be typed and printed on ivory or white 8 1/2" x 11" paper and should be no longer than two pages plus references.

Information under each section should be arranged with the most recent experiences first. Dates should be provided with each entry and should be accurate to the month and year. Groups, employers, schools, or individuals should have a city and state location provided.

The following information should be provided in the order given:

- **PERSONAL INFORMATION**
  
  *Name:* Provide your legal name with any nickname or most frequently used name in parentheses. *Address:* Provide both a current mailing address and a permanent address (if different) complete with ZIP codes. *Telephone:* Provide telephone numbers with area codes for both current and permanent address. *Social Security Number:* Provide for identification purposes only.

- **PROFESSIONAL CERTIFICATIONS**
  
  Provide the title, awarding institution, and dates attended for all professional certifications such as Physical or Occupational Therapy Assistant (PTA or COTA), Athletic Trainer (ATC), Registered Nurse or Licensed Practical Nurse (RN, LPN/LVN), Emergency Medical Technician (EMT) or other certifications.

- **EMPLOYMENT**
  
  List your employers through the past ten years. Provide dates of employment, position, short description of duties, number of persons supervised, if any, and any promotions received while employed. If your employment history is longer than ten years, you may summarize those years prior to the ten years requested.

- **VOLUNTEER EXPERIENCES**
  
  List any organizations for which you have volunteered your time since initial college enrollment. Provide the organization, the activity, the approximate hours volunteered, and the dates.

- **ORGANIZATIONS**
  
  List any organizations of which you are or have been a member during the past seven years. Include religious, social, athletic, school, community, and professional organizations. If you have held an office or served on a committee, please state the nature of your involvement. List most recent first.

- **HONORS AND AWARDS**
  
  List any scholarships, awards, or honors you have received since high school. You may include awards from any facet of your life.

- **UNIQUE LIFE EXPERIENCES AND HOBBIES**
  
  Use this section to provide information on yourself you feel is unique or makes you a qualified candidate for admission to a professional doctoral program. Items you may wish to include are experiences in the Peace Corps, study abroad, hobbies, and life experiences. This section is very important to “sell” yourself to the Admissions Committee.

- **REFERENCES**
  
  References in addition to those included with the application may be listed on a third sheet. Include name, title, how you know this person (i.e., academic advisor, family friend, or minister), address (include ZIP code), and current telephone number for each reference. These references should include people you know personally who would give the Admissions Committee strong statements as to why you should be admitted.
Application for Admission

Mail application and application fee to ASHS Application Materials, A.T. Still University, 800 W. Jefferson St., Kirksville, MO 63501-1497. The application fee is nonrefundable. Please do not use staples or special binding to secure application.

Name ________________________________________________________________ SSN ________________________

Last First Middle

Do you have educational materials under another name?  □ Yes  □ No
If yes, please indicate name____________________________________________________________________________

Preferred Mailing Address ______________________________________________________________________________

____________________________________________________________________________________________________

Street

City State Zip

Home Telephone (_______) ______________________________  Work Telephone (_______) ______________________________

Fax Number (_______) ______________________________  Cell Phone (_______) ______________________________

E-Mail Address______________________________________

Permanent/Legal Residence ______________________________________________________________________________

____________________________________________________________________________________________________

Street

City State Zip

Permanent Telephone (_______) ______________________________
LETTERS OF RECOMMENDATION

Please list the name and address of the individuals who will write your required letters of evaluation. Your file will not be complete nor can you be considered for admission until these required evaluations are received.

Letters should be on official letterhead or evaluation forms. Applicants may submit letters of evaluation directly to Admissions in sealed, endorsed envelopes.

EVALUATION I – Must be from a present or former faculty member, academic advisor, or employer.

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I voluntarily waive and relinquish my right of access to this evaluation.  
I retain my right of access to this evaluation.

Applicant's signature  Date  
Applicant's signature  Date

EVALUATION II – Must be from a professional in physical therapy.

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I voluntarily waive and relinquish my right of access to this evaluation.  
I retain my right of access to this evaluation.

Applicant's signature  Date  
Applicant's signature  Date
1. Have you ever applied to the Arizona School of Health Sciences?  
   ❏ Yes  ❏ No
   If yes, year: __________________
   Program ______________________________________________________________________________________

2. Current Occupation ______________________________________________________________________________

3. Have you had any U.S. military experience?  
   ❏ Yes  ❏ No  
   If yes, branch:________________________________________

4. Date and type of discharge _____________________________

5. Were you ever the recipient of any action for unacceptable academic performance or conduct violations (e.g., dismissal, suspension, or disqualification) by any college or school?  
   ❏ Yes  ❏ No
   If yes, were you ever denied readmission?  
   ❏ Yes  ❏ No

6. Have you ever voluntarily withdrawn from a health professions program?  
   ❏ Yes  ❏ No

7. Have you ever been convicted of a misdemeanor or felony (exclude parking violations)?  
   ❏ Yes  ❏ No
   * If you answered “yes” to questions 4, 5, 6, and/or 7, please explain fully as directed in the Personal Comments section below.

8. Are you a U.S. Citizen?  
   ❏ Yes  ❏ No
   a. If No, what is your residency status?  
      ❏ Temporary  ❏ Permanent
   b. If No, what is your visa type and number? __________________________________________________________
   c. If No, what is your country of birth? _______________________________________________________________

9. How do you describe yourself?**
   ❏ Black (non-Hispanic)  ❏ American Indian or Alaskan Native  ❏ White (non-Hispanic)
   Asian or Pacific Islander (choose only one)
   ❏ Chinese  ❏ Filipino  ❏ Native Hawaiian
   ❏ Korean  ❏ Vietnamese  ❏ Japanese
   ❏ Indian or Pakistani  ❏ Other Pacific Islander  ❏ Other Asian
   ❏ Southeast Asian (other than Vietnamese)
   Hispanic (choose only one)
   ❏ Mexican American or Chicano  ❏ Puerto Rican (Commonwealth)
   ❏ Puerto Rican (Mainland)  ❏ Other Hispanic

10. Sex**  ❏ Male  ❏ Female

11. Birth Date** _______/_______/_______

** The Arizona School of Health Sciences, A.T. Still University, does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age or handicap. Such information on the application form is requested solely for the purpose of gathering and reporting applicant flow data or to confirm information used to process the application.

Please answer the following questions on a separate sheet. Limit your response to one page.

12. What particular qualities would you bring to the program at the Arizona School of Health Sciences? Provide a brief explanation of your personal goals and your motivation for applying to the Arizona School of Health Sciences in your field of interest.

13. Personal Comments: Explain any special circumstances regarding your application. If you answered “yes” to questions 4, 5, 6, or 7, explain fully.
14. Schools/Colleges Attended:

a. All Undergraduate Universities, Colleges, and Community Colleges Attended (list most recent first)

One official transcript from each college you have attended must be mailed directly from the institution to the ATSU Admissions or enclosed in a sealed, endorsed envelope. All transcripts must be received before any action can be taken.

*Please enter the College Code number by accessing www.kcom.edu/admissions/ccode.

<table>
<thead>
<tr>
<th>College Code</th>
<th>Institution</th>
<th>Campus/Location/State</th>
<th>Dates of Attendance</th>
<th>Degree and Date Degree Granted or Expected</th>
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b. All Graduate or Professional Schools Attended

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<th>College Code</th>
<th>Institution</th>
<th>Campus/Location/State</th>
<th>Dates of Attendance</th>
<th>Degree and Date Degree Granted or Expected</th>
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Note: Failure to list all institutions previously attended or degrees pursued may result in loss of credit and dismissal from the program. Also, if you were previously enrolled in a graduate program which was not completed, please provide a written statement explaining the reasons for noncompletion.
STATEMENT OF PAST OR PENDING DISCIPLINARY ACTIONS

1. Have you ever been subject to revocation or suspension of a professional license or been censured, reprimanded, or placed on probation for reasons relating to professional competence or conduct by a state licensing authority? If yes, please explain.
   ❑ Yes ____________________________________________________________
   ❑ No

2. Have you ever had disciplinary action taken against you by any professional society or professional association? If yes, please explain.
   ❑ Yes ____________________________________________________________
   ❑ No

3. Have you ever been subject to disciplinary action for academic or other reason(s) in any colleges, universities, or graduate or professional schools you have attended? If yes, please explain.
   ❑ Yes ____________________________________________________________
   ❑ No

4. Are there any disciplinary charges pending or expected to be brought against you? If yes, please explain.
   ❑ Yes ____________________________________________________________
   ❑ No

5. Is there any information that is relevant to your ability to complete the Arizona School of Health Sciences program and be eligible for licensure or employment that the School should consider? If yes, please explain.
   ❑ Yes ____________________________________________________________
   ❑ No

I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I know and understand that any or all items contained herein may be subject to verification, and I consent to the full release of all information concerning my capacity and fitness for the educational program by employers, educational institutions, and other agencies. Furthermore, by submitting this application, I agree to abide by the policies and procedures as established in the College catalog, a copy of which is available on the web.

__________________________________________________
Please sign

__________________________________________________
Date

NOTICE OF NONDISCRIMINATION: Arizona School of Health Sciences, A.T. Still University, does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age or handicap in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning Arizona School of Health Sciences compliance with the regulations implementing Title VI, Title IX, Section 504, or Section 503 is directed to contact the Director of Human Resources, Donna Brown, 800 W. Jefferson St., Kirksville, MO 63501 (telephone: 660 626 2790). The Director of Human Resources has been designated by A.T. Still University to coordinate the institution's efforts to comply with the regulations implementing Title VI, Title IX, Section 504, or Section 503. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution's compliance with the regulations implementing Title VI, Title IX, Section 504 or Section 503.
### Contact Hours Obtained in Area of Application

#### Health Sciences Program

Name ___________________________________________ SSN ______________________

Please note that a minimum of 30 contact hours in physical therapy are required. (D.P.T. Entry Level applicants only) Please use this form to document your most recent clinical experience. Indicate type of experience as either:

- (O) Observation
- (V) Volunteer
- (E) Employment
- (S) Student

<table>
<thead>
<tr>
<th>Agency</th>
<th>Location</th>
<th>Start/End Dates Worked</th>
<th>Supervisor Name*/Title/Telephone #</th>
<th>Type of Exp.</th>
<th>Total # Hrs.**</th>
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Total Number of Hours _________________________

* If no supervisor, list your position or title.
** This number may be in the thousands, but must be estimated in all cases. Note: one year of full-time employment is considered 2080 hours.
A.T. STILL UNIVERSITY
ARIZONA SCHOOL OF HEALTH SCIENCES
ATSU

EVALUATION I

PRESENT OR FORMER FACULTY MEMBER, ACADEMIC ADVISOR, or EMPLOYER (Required)
Please use this form or submit a packet/letter on official college/university letterhead.

I. APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT)

Name of Applicant ____________________________________________________________________________________

Last First Middle

Social Security Number ________________________________________________________________________________

Permanent Address ____________________________________________________________________________________

____________________________________________________________________________________________________

II. EVALUATOR INFORMATION (TO BE COMPLETED BY EVALUATOR)

Name _____________________________________________ Date __________________

Title __________________________________________________

Address __________________________________________________

City __________________ State ______ ZIP __________

Telephone Number ( ) ______________________ Evaluator’s Signature____________________

III. EVALUATION COMMENTS (TO BE COMPLETED BY EVALUATOR)

State nature, duration, and extent of your association with the applicant. __________________________________________

Has applicant ever been placed on disciplinary or academic probation?  ☐ Yes  ☐ No

Has applicant ever been required to leave school or been denied admission because of deficiencies in conduct or

scholarship?  ☐ Yes  ☐ No    If yes, explain. __________________________

Are you familiar with how the applicant reacts in a stressful or crisis situation?  ☐ Yes  ☐ No    If yes, explain. _______

What unique strengths/potential for contribution to the health science field does this applicant possess?

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Arizona School of Health Sciences – A.T. Still University

Physical Therapy Evaluation I – 1
Please describe any weaknesses of this applicant. ____________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

What reservations do you have about this applicant?__________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Please give your overall impression of this applicant.__________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Please give any additional information which you believe would be of interest to us in evaluating this applicant.____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

In comparing health science school applicants, please check how you would rate this applicant on the following characteristics:

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Judge</th>
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<tbody>
<tr>
<td>Cooperation</td>
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<tr>
<td>Initiative</td>
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<td>Study Habits</td>
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<tr>
<td>Intellectual Curiosity</td>
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<td>Intellectual Ability</td>
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<td>Judgment</td>
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<td>Leadership</td>
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<td>Emotional Stability</td>
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<td>Ethical Standards</td>
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<td>Self-understanding</td>
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<td>Attitude Toward Associates</td>
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<td>Ability to Inspire Confidence</td>
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What traits indicate this applicant’s probable success in his/her chosen field? ____________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Do you recommend this applicant to the Arizona School of Health Sciences? □ Yes  □ No  □ Undecided
Why or why not?______________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
A.T. Still University
Arizona School of Health Sciences

EVALUATION II

A PROFESSIONAL AS SPECIFIED IN THE ADMISSION REQUIREMENTS (Required)
Please use this form or submit a packet/letter on official letterhead.

I. APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT)

Name of Applicant _________________________________
Social Security Number ______________________________
Permanent Address _________________________________

I voluntarily waive and relinquish my right of access to this evaluation.
I retain my right of access to this evaluation.

Applicant’s signature ____________________________ Date __________
Applicant’s signature ____________________________ Date __________

II. EVALUATOR INFORMATION (TO BE COMPLETED BY EVALUATOR)

Name _________________________________ Date __________
Title _________________________________
Address _________________________________

City __________________________ State __________ ZIP __________
Telephone Number ( ) __________________________
Evaluator’s Signature __________________________

III. EVALUATION COMMENTS (TO BE COMPLETED BY EVALUATOR)

State nature, duration, and extent of your association with the applicant.

Are you familiar with how the applicant reacts in a stressful or crisis situation? ☐ Yes ☐ No If yes, explain.

What unique strengths/potential for contribution to the health science field does this applicant possess?

Please state your overall impression of this applicant.
Please give any additional information which you believe would be of interest to us in evaluating this applicant.

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

What reservations do you have about this applicant?
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

In comparing health science school applicants, please check how you would rate this applicant on the following characteristics:

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<tr>
<th>CHARACTERISTIC</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Judge</th>
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<td>Cooperation</td>
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<td>Initiative</td>
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<td>Study Habits</td>
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<td>Intellectual Curiosity</td>
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<td>Intellectual Ability</td>
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<td>Expression</td>
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<td>Maturity</td>
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<td>Leadership</td>
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<td>Personal Hygiene</td>
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<td>Emotional Stability</td>
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<td>Ethical Standards</td>
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<td>Self-understanding</td>
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<td>Attitude Toward Associates</td>
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<td>Ability to Inspire Confidence</td>
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What traits indicate this applicant’s probable success in his/her chosen field?
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Do you recommend this applicant to the Arizona School of Health Sciences?  Yes  No  Undecided
Why or why not?
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
Physical Therapy Program
APPLICATION FEE
Credit Card Payment Form

(Please Print)
Applicant’s Name

Credit Card Type:  ☐ Visa  ☐ Mastercard  ☐ Discover  ☐ American Express

Credit Card Number __________________________ Credit Card Expiration________________

For Discover Cards, you must include the three-digit CID number on the back of the card (last three digits on magnetic strip).

Card Holder’s Name (as it appears on credit card) __________________________

Card Holder’s Address ___________________________________________________

City __________________________ State __________________________ Zip Code

Card Holder’s Telephone __________________________

Amount: $60

I, as the credit card holder referenced above, agree to pay an application fee in the amount of $60 to the Arizona School of Health Sciences. I further agree to have my credit card charged in the stated amount for consideration of the application by said institution and to abide by the credit contract with my credit card issuer.

I understand that this fee is non-refundable in the event the application to the Arizona School of Health Sciences is cancelled.

Card Holder’s Signature __________________________ Date________________

For Office Use Only

Authorization Number __________________________________________

Batch Number__________________________________________