

Education

Highest Degree Earned: _____ Month and Year: _____

Have you previously been accepted to or enrolled in another PT or PTA program? YES NO

If yes, please list the school(s) in the table below (MUST submit letter of good standing from Program Director)

Prior education (list most recent first)

High School, Colleges Attended	Location (City, State, Zip)	Graduation Date From/To	Hours Earned	Date Degree Earned

Pre-requisite courses

Fill out the following with classes that have been previously taken. If currently enrolled, please write “E” for grade. **Please note that if you have more than 1 course in progress, your application will not be considered.**

Courses	Grade	Year Completed	School Where Courses Taken
BIOL 2301/2101 or 2401			
BIOL 2302/2102 or 2402			
ENGL 1301 (Composition I)			
MATH 1314 (College Algebra)			

Previous education

Courses	Grade	Year Completed	School Where Courses Taken
PSYC 2301 (General Psychology)			
Humanities or Fine Arts Courses that meet Humanities/ Fine Arts requirements: *English 2322, 2323, 2327, 2328, 2332, 2333; Philosophy 1301, 2306; Arts 1301, 1303, 1304; Dance 2303; Drama 1310, 2366; Music 1306, 1307, 1310			

Courses of benefit to PTA

If you have taken any courses in the following categories or other health care related courses, please list here. If you are currently enrolled, please write "E" for grade.

Categories	Course Name	Grade	Year Completed	School Where Courses Taken
Biology				
Chemistry				
Physics				
Kinesiology				
Nutrition				
Medical Terminology				
Speech				
OTHER (Please Specify)				

Employment

Employment record (list most recent or present position first) (continue on separate sheet if necessary)

Company Name	Date(s) Employed	Position & Duties

Program Specific Information

Observation hours

Please fill out the following information AND submit the signed Hours of Observation form. **Please note it is preferred that at least 20 of your observation hours be from an in-patient setting.**

Name of Facility	Type of Setting	Number of Hours

Have you attended one of our information sessions within the last 12 months? YES NO

If yes, what date? _____

Application Checklist (Please check all items that are completed)

- I have submitted 3 recommendation forms along with the hours of observation form in signed and sealed envelopes with my packet.
- I have submitted official transcripts to the San Jacinto College Office of Enrollment Services for all colleges attended.
- A transcript evaluation has been completed (must be requested from Enrollment Services in advance.)
- I have included unofficial transcripts from all other colleges attended in my application packet.
- I have included a San Jacinto College degree evaluation (My San Jac GPS) reflecting all course work and equivalences.
- I have completed the application in full and have signed and dated this application.

This application will be used in the accumulation of points for the admission process. Final decisions on point allocation will be determined by the Program Director.

I hereby certify that the information in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification is cause for denial of admission or expulsion from the college. I understand that the faculty and staff of the San Jacinto College South Physical Therapist Assistant Program will read the information contained in this application.

Signature of Applicant

Date

Please submit requested materials only

Revised October 2018