



Application for Admission
PHYSICAL THERAPIST ASSISTANT PROGRAM
Austin Community College
Eastview Campus, Health Sciences
3401 Webberville Road, Room 9306
Austin, Texas 78702

Deadline for application: May 18, 2008

Instructions: To complete this application, please print using a black ink pen. Send the completed application, a copy of your college assessment scores, one original transcript for each of your previous colleges, and other required information (refer to check list) to the above address. The application may also be returned in person to the above address. If you need further assistance, call 223-5935. Please do not fold this application. If you have a change of name, address, phone number or email after completing this application, notify the PTA Program office immediately.

Application Date ____ / ____ / ____

Name in Full _____
Last First Middle Maiden

Home Address _____
Number and Street County City State Zip

Home Phone _____ Work Phone _____

Social Security No. ____ - ____ - ____ Student ID _____

Email _____ Date of Birth _____

Person to notify in case of an emergency _____

Address _____ Phone _____

Relationship of this person to you _____

Have you ever made application to any Austin Community College Health Sciences Program? Yes ____ No ____

If yes, which Program? _____ When? _____
Approximate Date

Give information concerning last three employers: (List most recent job first)

Employer Address, Street, City, State, Zip Dates employed

List information regarding your previous education:

High School	_____	_____	_____
	Name of School	City & State	Date of Graduation or GED

Give the following information regarding all Colleges & Universities that you have attended:

Name of Institution	City & State	Major	Hours Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any professional licenses or certificates held:

On a separate piece of paper, please submit a typed, brief essay of why you want to enter this career and this program. Enclose your essay and other completed forms with this application.

Employment at the College and access to its programs or activities shall not be limited on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the college.

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Signature of Applicant

Date