



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<sup>th</sup> of the application year**

**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 512.223.5935. 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 or degrees awarded:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**On a separate piece of paper, please submit a two to three page typed essay describing a situation that made you uncomfortable in the classroom or workplace. Include strategies you implemented to become more comfortable and the steps you took to resolve the situation. Your essay will be graded on your use of the English language and in your ability to express organized and coherent statements that address the topic. 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. ACC will take steps to ensure that the lack of English language skills will not be a barrier to admission and participation in all educational and vocational programs. All recruitment and admissions material complies with Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans With Disabilities Act (ADA). Inquiries regarding ACC's compliance with ADA, or requests for accommodations for persons with disabilities can be directed to:

EEO/ADA/Affirmative Action Coordinator  
5930 Middle Fiskville Rd. Austin, TX 78752-4390  
(512) 223.7572 (voice)  
711 (Relay Texas)

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date