

MARQUETTE UNIVERSITY

PART II-Prerequisites for Marquette Internal Transfer Students

Documentation of Prerequisites

Applicants, please complete the information below in a typed or legibly written fashion. It is recommended that you make a copy of this form for your own reference.

NAME: _____
Last First Middle

MUID: _____ **MAJOR:** _____ **DATE:** _____

| Prerequisites 31 Sem. Cr. | Dept. & Course # | Course Title | Grade | Number of Units/Credits | | Accredited 4-year Institution | Year & Term Completed | Planned Completion Year & Term |
|--|---------------------|--------------|-------|----------------------------|------|----------------------------------|-----------------------------|---|
| | | | | Sem. | Qtr. | | | |
| Biology (3) | | | | | | | | |
| Chemistry I (Lec. & Lab) (4) | | | | | | | | |
| Chemistry II (Lec. & Lab) (4) | | | | | | | | |
| Physics I (Lec. & Lab) (4) | | | | | | | | |
| Physics II (Lec. & Lab) (4) | | | | | | | | |
| Statistics (3) | | | | | | | | |
| *Introduction to PT (Med. Terminology) (1) | | | | | | | | |
| Intro to Lifespan Dev, Development, or Abnormal Psyc (3) | | | | | | | | |
| **1 st Anatomy & Physiology (min.5) | | | | | | | | |
| **2 nd Anatomy & Physiology (if needed) | | | | | | | | |

***Waived for accepted transfers but will need to document proficiency in medical terminology in lieu of Intro to PT Class. Completion of a programmed text and**

MARQUETTE UNIVERSITY
Physical Therapy Undergraduate Degree Completion Form

I certify that _____
Student's name

Has a workable plan of intent to complete his/her bachelor's degree by
_____ * with a major of
date

_____ if he/she successfully
list major

completes the course of study as identified in his/her academic plan.

** The undergraduate degree must be completed prior to the start of the final year of the program.*

Signature of Adviser

Date

Applications due February 1.

Return this form to the Department of Physical Therapy
Schroeder Complex Room 346
or fax to (414) 288-5987

