



Mountain State University

Physical Therapist Assistant Program

Date _____

Name _____
Last First MI Maiden

Address _____
Street City State Zip

Telephone _____ (H) _____ (W) _____ (C)

E-mail Address _____

SS # _____ - _____ - _____ Date of Birth _____ / _____ / _____
MM DD YR

High School Attended _____

Address _____

Date of Graduation _____ / _____ Date of GED (if applicable) _____ / _____
MM YR MM YR

Have you taken the ACT? yes no date taken _____ / _____ score _____
MM YR

Have you taken the SAT? yes no date taken _____ / _____ score _____
MM YR

Have you applied for admission to MSU? yes no
If yes, have you been accepted? yes no

Are you currently enrolled at MSU? yes no
If yes, what is your student ID# _____

Have you applied for financial aid? yes no

List additional college(s) and/or university(s) attended or currently attending

Name of Institution	State	Dates Attended	Major	Degree

List any college organizations, awards or honors received:

Current Employment (if applicable)

Name of Employer

Street City State Zip

Date of Hire /

MM YR

Previous Employment

Name of Employer	Dates Employed	Job Duties	Reason for Leaving

How did you learn about the physical therapist assistant program at MSU?

Have you ever applied to the MSU physical therapist assistant program before? yes no

Student Signature

Date