Fall of 2015
Physical Therapist Assistant Program Application

Applications are accepted one (1) time per year. The deadline to apply is as follows, late applications WILL NOT be accepted.

Applications must be received on or before:
♦ June 15 for admission into the following Fall Semester beginning in August.

Your application packet should contain the following:
(Note: incomplete packets WILL NOT be accepted)
♦ Completed Application
♦ Two (2) OFFICIAL sealed transcript from all colleges attended except COS
♦ One (1) unofficial transcript from COS (if applicable)

Applicants will be notified by official letter regarding the status of their entry into the PTA Program.

<table>
<thead>
<tr>
<th>Application Deadline</th>
<th>Semester for Admission</th>
<th>Date of Notification</th>
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<tbody>
<tr>
<td>June 15, 2015</td>
<td>August 2015</td>
<td>July 15, 2015</td>
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* If the deadline falls on a weekend or holiday, applications are due the following business day.

Seal your application and supporting documents in a 9”x12” manila envelope.
Please hand deliver or mail your completed application packet to:

College of the Sequoias
Attn: PTA Program
John Muir Room 125
915 S. Mooney Blvd.
Visalia, CA 93277
College of the Sequoias—PTA Program
Application Form

Personal Information

Mr. □ Ms. □

Last First M.I. Previous Last

Address: ___________________________________________________________

Street Address __________________________________________ Apartment/Unit #

City ______________________________________ State ____________ Zip Code ____________

Phone: ___________________________ Birth Date: ____________

Email: ___________________________

COS Banner ID#: ___________________________ Social Security #: ___________________________

Have you already attained a college degree? No □ AS □ AA □ BS □ BA □ MA □ MS □

Major: __________________________________________

Military

Military Status: Active Duty □ Reservist □ Veteran within last 15 years □

AP 5055 states: Any member or former member of the Armed Forces of the United States or California State Military Reserve for any academic term within fifteen years of leaving active duty provided the student did not receive either a dishonorable discharge or a bad conduct discharge pursuant to Education Code 66025.8. A copy of your DD-214 is required with your application.

College Education

<table>
<thead>
<tr>
<th>College Name</th>
<th>City/State</th>
<th>Dates Attended</th>
<th>Degree Earned</th>
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College of the Sequoias—PTA Program
Application Form (continued)

Prerequisite Courses
**Required to be completed prior to application for entry into PTA Program**

<table>
<thead>
<tr>
<th>Course</th>
<th>College</th>
<th>Semester/ *Quarter</th>
<th>Units</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Biology 30 (Anatomy) 4 Semester Units</td>
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<tr>
<td>Biology 31 (Physiology) 4 Semester Units</td>
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</table>

*All Quarter System Units will be converted to Semester System Unit Credits and must meet the requirement of 8 semester units.

Additional Graduation Requirements
**Recommended to be completed prior to entry into PTA Program**

<table>
<thead>
<tr>
<th>Course</th>
<th>College</th>
<th>Term</th>
<th>Units</th>
<th>Grade</th>
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</thead>
<tbody>
<tr>
<td>English 1 (Area A1)</td>
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<tr>
<td>Communication 1, 4, or 8 (Area A2)</td>
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<td>Humanities (Area C)</td>
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<tr>
<td>Social/Behavioral Science (Area D)</td>
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<tr>
<td>History 17, 18, or Pols 6</td>
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<tr>
<td>Math Competency—230 or Equivalent</td>
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<tr>
<td>Physical Education</td>
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</table>

Acknowledgement
I certify to the best of my knowledge all information provided on this document is complete and accurate. I understand and acknowledge it is my responsibility to verify that all required documents are included with this application. I understand that failure to include any required documents will result in disqualification of my application.

Signature: ________________________________________
Date: ______________________________
________________________________________________________________________________________

Demographic Information (optional)
Please complete the following survey:

Gender:
_____ Male
_____ Female

Age:
_____ < 25 years of age
_____ 26-30 years of age
_____ 31-40 years of age
_____ 41-50 years of age
_____ 51-60 years of age
_____ > 61 years of age

Ethnicity: (Mark only one)
_____ African American
_____ American Indian
_____ Non-Filipino Asian or Pacific Islander
_____ Filipino
_____ Hispanic
_____ Caucasian
_____ Other
_____ Unknown

Date: __________________________