New York University
The Steinhardt School

DEPARTMENT OF
PHYSICAL THERAPY

Degree Programs:

M.A.
D.P.T.
Ph.D.
Welcome, and thank you for your interest in New York University and the Department of Physical Therapy.

Enclosed in this packet is a wealth of information on our Entry-Level DPT Program: the prerequisites needed to apply and to enroll, our outstanding faculty, and the various forms needed to supplement your application for admission.

We are, however, much more than forms and prerequisites. The PT program at NYU has been in existence since 1927. We are proud to tell you that we are one of the nation’s oldest programs, and currently listed (by U.S. News and World Report) as the highest ranked Doctor of Physical Therapy (DPT) Program in the New York City metropolitan region.

Ours is more than just a highly ranked program that has been producing physical therapists for 78 years. We are an extraordinary group of dedicated faculty and students, working together to provide the highest level of service to our clients, our community, and our nation.

Our Entry-Level DPT program is consciously kept small. Each year, we seek to enroll only 30 new DPT students who will learn in an intimate environment, with hands-on experiences with our nationally recognized faculty in a modern facility located in the historic Gramercy Park neighborhood of Manhattan—just blocks from the nation’s largest concentration of health care facilities. Our faculty/student ratio is one of the lowest in the field. Our goal is not to produce the largest number of physical therapists, but to produce the BEST physical therapists. We think we do an extraordinary job of that, and hope that you will review the attached information as the first step to joining us at NYU. Some amazing things are happening at NYU and in the Department of Physical Therapy. Come and explore.

John S. Myers
Director of Enrollment Management
Dear Physical Therapy Candidate:

Enclosed is the departmental application for the entry-level, clinical Doctor of Physical Therapy (DPT) Program (major code PTPS). This packet is sent to all physical therapy inquiries, although it is only required for applicants to the entry-level DPT program (major code PTPS). Please follow the instructions in this letter and packet carefully. Incomplete or late applications will be returned.

NYU Steinhardt offers 4 degrees in Physical Therapy:

<table>
<thead>
<tr>
<th>Program</th>
<th>Major Code</th>
<th>Applicant Pool</th>
<th>Application Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Entry-Level DPT</td>
<td>PTPS</td>
<td>For those who are not a PT</td>
<td>December 1 (Summer)</td>
</tr>
<tr>
<td>* Advanced MA</td>
<td>PTHP</td>
<td>For Licensed PTs</td>
<td>February 1 (Fall); November 1 (Spring)</td>
</tr>
<tr>
<td>* Transitional DPT</td>
<td>PTPP</td>
<td>For Licensed PTs</td>
<td>January 15 (Fall); November 1 (Spring)</td>
</tr>
<tr>
<td>* PhD</td>
<td>PTHP</td>
<td>For Licensed PTs with MA</td>
<td>January 15 (Fall)</td>
</tr>
</tbody>
</table>

**NOTE:** Only applicants to PTPS need to complete this supplemental material packet. Applicants to all other programs need only follow the program instructions in the Application for Admission to apply for these programs. This packet is specifically designed for the entry-level DPT (PTPS) program. PhD applicants are welcome to use the enclosed recommendation forms, as needed.

To apply for the entry-level DPT (major code PTPS), you must submit-- together in one envelope-- the regular NYU Steinhardt Admissions Application which includes the following:

1. Completed and signed application (the code for this doctoral program is PTPS, there is no option)
2. $50 Application fee
3. An unofficial copy of your GRE scores (official copies must be sent directly from ETS)
4. Two official copies (in sealed envelopes) of your transcripts from all previous post secondary schools attended
5. An unofficial copy of your TOEFL scores if you are a non-native speaker of English who did not complete an English speaking bachelor's degree (official copies must be sent directly from ETS)

The application envelope **must** also include the following departmental materials:

6. A biographical sketch, in lieu of the personal statement requested in the application packet, of no more than 500 words outlining your personal history
7. Form OE - Documentation of Observation Experience, with a letter or form from the three facilities where you did your required one-day observations
8. Form CIP - Courses in Progress
9. Form CS - Documentation of Community Service
10. Form PA - Physical Education/Movement/Dance Skills List
11. Form DL - Documentation of Leadership
12. Two letters of recommendation (in sealed envelopes). Please use the recommendation forms provided in this packet
New York University
The Steinhardt School of Education

Doctor of Physical Therapy (DPT)

Information for Applicants to the PTPS Program

The Application Review Begins on October 1st and Ends on December 1st

New York University's entry-level professional Physical Therapy Program leads to the Doctor of Physical Therapy (DPT) degree. This program is accredited by the American Physical Therapy Association and the New York State Department of Education. The Physical Therapy Program at New York University has been in existence since 1927 and has been continuously accredited since 1942.

This professional Physical Therapy Program starts in the summer semester and continues on a full-time basis for three academic years including summers of supervised clinical practice. This program encompasses the study of typical and atypical structure and function, and the theory and practice of physical therapy. Clinical experience is obtained in a variety of affiliated hospitals, rehabilitation centers, schools for children with physically disabling conditions, nursing homes, private practices, and public health agencies in the New York metropolitan and surrounding areas.

Students who have completed a liberal arts baccalaureate degree or post-graduate study and the prerequisites listed on the following pages are eligible to apply for admission.

A note about the application deadline process and Early Review:

The DPT program admissions review process begins October 1 and continues until the December 1 deadline. Applicants who submit a completed application any time after October 1 will be eligible for an Early Review by the Admissions Committee. Interviews of successful first-round candidates will take place throughout the fall semester. Thus, early applicants may be invited to interview well before the December 1st deadline. We do this because we understand the complexities of applying to PT programs and the need for applicants to know admissions decisions as soon as possible. Only those with completed applications on file in the Office of Graduate Admissions (including GRE scores) will be considered for this Early Review process.

Important Contact Information

**Department of Physical Therapy**
380 Second Avenue, 4th Floor
New York, NY 10010
Phone: (212) 998-9400
Fax: (212) 995-4190
http://steinhardt.nyu.edu/pt

**Steinhardt School Office of Graduate Admissions**
82 Washington Square East, 3rd Floor
New York, NY 10003
Phone: (212) 998-5030
Fax: (212) 995-4328
http://steinhardt.nyu.edu/graduate.admissions

**Educational Testing Service**
Graduate Record Examination (GRE):
www.gre.org
TOEFL Examination:
www.toefl.org

**NYU Office of Financial Aid**
25 West 4th Street
New York, NY 10003
Phone: (212) 998-4444
www.nyu.edu/financial.aid
PREREQUISITES FOR ADMISSION
DOCTOR OF PHYSICAL THERAPY (DPT)
Program PTPS

All applicants for the Doctor of Physical Therapy (DPT) degree at New York University must meet the admissions requirements as outlined in the NYU Steinhardt Graduate Bulletin – Graduate Study/General Requirements in addition to the following prerequisites:

- Baccalaureate degree with a minimum 3.00 cumulative grade point average (GPA) on a scale of 4.00. All undergraduate course work and subsequent prerequisite natural science course work will be used in the calculation of this average. No other course work, including graduate course work, with or without credits toward a degree, will be taken into consideration.

- A minimum 3.00 GPA in the following prerequisite natural science courses. All courses must be taught in science departments, and all, except physiology, must have a laboratory component.

  1. Biology I (or Zoology) 4 credits
  2. Biology II 4 credits
  3. Chemistry I (General or Inorganic) 4 credits
  4. Chemistry II (Organic Chemistry or Biochemistry is recommended) 4 credits
  5. Physics I (General Physics- Trigonometry or Calculus-based) 4 credits
  6. Physics II (General Physics- electricity and magnetism) 4 credits
  7. Physiology* (Cell, Mammalian or Human) 4 credits
     (* or 8 credits in combined Anatomy/Physiology courses)

Grades must be available for a minimum of 5 of the above 7 natural science prerequisite courses before the December 1 application deadline.

- Applicants must have taken the following liberal arts prerequisite courses:
  1. Three social science courses, one of which must be psychology
  2. One course (or equivalent) in physical activity/movement/dance/sports
  3. One course in speech communication
  4. One course in statistics

- The Graduate Record Examination general test (GRE), including verbal, quantitative and analytical sections, must be taken no later than the October prior to admission. Steinhardt’s Institutional Code is 2556.

- All records from foreign colleges must be submitted in accordance with the Steinhardt School’s policy as outlined in the graduate admissions packet. Official translations of all foreign documents in languages other than English are required.

- Competency in written and spoken English language. Applicants whose first language is not English and who did not attend an English-speaking post secondary institution must take the Test of English as a Foreign Language (TOEFL) and receive a passing score of between 550 and 600 for the paper-based test and 213-250 for the computer-based test. TOEFL scores must be reported directly to The Steinhardt School using Institutional Code 2556.
• A typewritten, double-spaced, 500-word essay explaining your purpose in undertaking graduate study in Physical Therapy.

• Form OE – with documentation of a minimum of one day of observation in each of three different physical therapy practice environments (e.g., hospital, nursing home, rehabilitation agency, school setting, private practice, etc.)

• Form CIP - Courses in Progress

• Form PA - Physical Activity/Movement/Dance/Sports List

• Form DL - Documentation of Leadership Roles. Leadership roles should be detailed on the enclosed “Documentation of Leadership” form. Letterhead from organizations, groups, or clubs for which you provided leadership, newspaper clippings, published reports, and the like MUST be appended. Please add you name and social security number to each item.

• Form CS - Evidence of Community Service. Letterhead from organizations, groups, or clubs for which you provided leadership, newspaper clippings, published reports, and the like MUST be attached as documented evidence of community service. Please add your name and social security number to each item.

• Two letters of recommendation, one of which must be from a physical therapist (use the recommendation forms supplied with this packet). Each recommendation should be returned to you in a sealed envelope with the signature of the recommender across the seal. You must return these recommendations with your completed application packet.

• If considered as a semifinalist in the selection process, an interview with the NYU Physical Therapy faculty is required. Interviews are by invitation only.

Admission is contingent upon the successful completion of all prerequisite course work before the start of enrollment in the Doctor of Physical Therapy Program at New York University.

**Important:** This is a self-managed application process. It is the responsibility of the applicant to ensure that all of the above documents are submitted **WITH** the completed application for admission before the December 1 deadline. Unofficial copies of your GRE scores are acceptable, as the official scores must be sent to us directly from ETS. However, the official GRE scores MUST be in our office by the deadline.

**A note regarding rolling admission and Early Review.** We understand the complexities involved in applying to our DPT program and (often) relocating to New York City. Because of this, we encourage early applications. If you submit a completed application, for example, by October 1 for Summer, it will be forwarded to the Admissions Committee for Early Review, and you may be invited in for an early interview with members of the Committee. Thus, some early candidates may receive their admission decision before the December 1 deadline. We do this as a service to our applicants, who apply from around the globe. We hope you will take advantage of this opportunity for Early Review.
# DOCTOR OF PHYSICAL THERAPY CURRICULUM FOR PROGRAM PTPS

<table>
<thead>
<tr>
<th>Courses</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td><strong>First Summer</strong></td>
<td></td>
</tr>
<tr>
<td>E44.2004  Histology/General Pathology</td>
<td>3</td>
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<tr>
<td>E44.2030  CPR/First Aid/Advanced Emergency Techniques</td>
<td>2</td>
</tr>
<tr>
<td>E44.2120  Human Gross Anatomy</td>
<td>4</td>
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<tr>
<td>E44.2281  Professional Behavior (Hx of Profession, APTA, Professionalism, Individual and Cultural Differences, etc)</td>
<td>2</td>
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<tr>
<td></td>
<td>11</td>
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<tr>
<td><strong>Semester 1</strong></td>
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<tr>
<td>E44.2024  Applied Anatomy/Physiology of the Cardiovascular and Respiratory Systems</td>
<td>3</td>
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<tr>
<td>E44.2209  Lifespan Development</td>
<td>3</td>
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<tr>
<td>E44.2215  Physical Agents and Mechanical Modalities (including Aseptic Techniques/Infection &amp; Disease Control)</td>
<td>4</td>
</tr>
<tr>
<td>E44.2225  Exercise Physiology</td>
<td>4</td>
</tr>
<tr>
<td>E44.2230  Applied Anatomy/Physiology of the Musculoskeletal System</td>
<td>3</td>
</tr>
<tr>
<td>E44.2020  The Physical Therapist as an Educator/Communicator</td>
<td>2</td>
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<tr>
<td><strong>Semester 2 (13-week session)</strong></td>
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<tr>
<td>E44.2008  Manual Technique</td>
<td>3</td>
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<tr>
<td>E44.2026  Clinical Sciences/Pathology of the Cardiovascular and Respiratory Systems</td>
<td>4</td>
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<tr>
<td>E44.2220  Kinesiology/Biomechanics/Ergonomics</td>
<td>5</td>
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<tr>
<td>E44.2227  Principles of Exercise</td>
<td>3</td>
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<tr>
<td>E44.2229  Fitness Theory and Practice</td>
<td>2</td>
</tr>
<tr>
<td>E44.2286  Critical Inquiry and Clinical Decision Making I</td>
<td>2</td>
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<tr>
<td><strong>Second Summer</strong></td>
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<tr>
<td>E44.2450  Clinical Affiliation - Full-time / 6 weeks</td>
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<tr>
<td><strong>Semester 3</strong></td>
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<tr>
<td>E44.2287  Critical Inquiry and Clinical Decision Making II</td>
<td>2</td>
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<tr>
<td>E44.2231  Clinical Sciences/Pathology/Pharmacology/Imaging of the Musculoskeletal System</td>
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<tr>
<td>E44.2232  Applied Anatomy/Physiology of the Neuromuscular System</td>
<td>3</td>
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<tr>
<td>E44.2250  Physical Therapy Examinations of the Cardiovascular and Respiratory Systems</td>
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<tr>
<td>E44.2251  Physical Therapy Examinations of the Musculoskeletal Systems</td>
<td>4</td>
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<tr>
<td>E44.2455  Clinical Observation – 1 day / week</td>
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**Semester 4  (13-week session)**

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<tr>
<td>E44.2219</td>
<td>Prescription, Application, and as Appropriate, Fabrication of Assistive, Adaptive, Orthotic, Protective, Supportive, and Prosthetic Devices and Equipment</td>
<td>3</td>
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<tr>
<td>E44.2218</td>
<td>Electrotherapeutic Modalities</td>
<td>3</td>
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<tr>
<td>E44.2242</td>
<td>Clinical Sciences/Pathology/Pharmacology/Imaging of the Neuromuscular System</td>
<td>4</td>
</tr>
<tr>
<td>E44.2260</td>
<td>Physical Therapy Interventions/Prevention Programs/ Wellness Programs for the Cardiovascular and Respiratory Systems</td>
<td>4</td>
</tr>
<tr>
<td>E44.2261</td>
<td>Physical Therapy Interventions/Prevention Programs/ Wellness Programs for the Musculoskeletal System</td>
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<tr>
<td>E44.2456</td>
<td>Clinical Observation – 1 day / week</td>
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**Third Summer**

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<th>Course Title</th>
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<tr>
<td>E44.2451</td>
<td>Clinical Affiliation - Full-time / 8 weeks</td>
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</table>

**Semester 5**

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<tr>
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<th>Course Title</th>
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<tbody>
<tr>
<td>E44.2233</td>
<td>Applied Anatomy/Physiology of the Genito-urinary, Integumentary, Endocrine, Gastrointestinal and Immune Systems</td>
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<tr>
<td>E44.2243</td>
<td>Clinical Sciences/Pathology/Pharmacology/Imaging of the Genito-urinary, Integumentary, Endocrine, Gastrointestinal and Immune Systems</td>
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<tr>
<td>E44.2252</td>
<td>Physical Therapy Examinations of the Neuromuscular Systems</td>
<td>5</td>
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<tr>
<td>E44.2253</td>
<td>Physical Therapy Examinations of the Genito-urinary, Integumentary, Endocrine, Gastrointestinal and Immune Systems</td>
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<tr>
<td>E44.2288</td>
<td>Critical Inquiry and Clinical Decision Making III</td>
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<tr>
<td>E44.2457</td>
<td>Clinical Observation – 1 day / week</td>
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**Semester 6  (13-week session)**

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<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>E44.2019</td>
<td>The Physical Therapist as an Administrator/Consultant/ Delegator/Manager</td>
<td>3</td>
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<tr>
<td>E44.2262</td>
<td>Physical Therapy Interventions/Prevention Programs/ Wellness Programs for the Neuromuscular System</td>
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<tr>
<td>E44.2263</td>
<td>Physical Therapy Interventions/Prevention Programs/ Wellness Programs for the Genito-urinary, Integumentary, Endocrine, Gastrointestinal and Immune Systems</td>
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<tr>
<td>E44.2295</td>
<td>Business Practices/Reimbursement/Marketing/Technology/ Management of Care Delivery System</td>
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<tr>
<td>E44.2458</td>
<td>Clinical Observation – 1 day / week</td>
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**Final Summer**

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<tr>
<th>Course Code</th>
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<tbody>
<tr>
<td>E44.2452</td>
<td>Clinical Affiliation - Full-time / 16 weeks</td>
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**TOTAL CREDITS** 133
New York University
Department of Physical Therapy

Faculty Clinical & Research Areas

The full-time faculty involved in the DPT program at New York University is active in teaching, research, and professional development. Below is a partial list of the current full-time faculty and their areas of expertise:

**Mitchell Batavia**, Associate Professor – Pediatric neurologic physical therapy, wheelchair and seating system design, and pressure and proprioception measurement, and neurologic physical therapy

**Elaine Becker**, Clinical Associate Professor – Pediatric physical therapy, movement analysis, and clinical education

**Ann Goerdt**, Clinical Assistant Professor – Geriatric physical therapy, physical therapy within community health care, international health and rehabilitation, and professional issues

**Heather Hettrick**, Clinical Assistant Professor - Burn/wound care, and lymphedema management, electrotherapy, and physical agents

**Wen K. Ling**, Associate Professor and Chair – Kinesiological electromyography, movement analysis, and neurologic physical therapy

**Andrew L. McDonough**, Associate Professor – Anatomy, histology, orthopedic physical therapy, and motor control

**Tsega A. Mehreteab**, Clinical Professor – Clinical electrophysiology, exercise physiology, fitness and wellness, and geriatric physical therapy

**Marilyn Moffat**, Professor – Cardiopulmonary physical therapy, orthopedic physical therapy, geriatric physical therapy, and professional and practice issues. Past-President, American Physical Therapy Association (APTA)

**Kevin Weaver**, Clinical Assistant Professor – Orthopedic physical therapy, ergonomics, biomechanics, wellness, and physical agents
New York University
The Steinhardt School
Department of Physical Therapy

Courses in Progress

This form is to be used for applicants applying to the Doctor of Physical Therapy (DPT) Program who are currently completing their prerequisite courses. Please list all courses that you are CURRENTLY TAKING AND INTEND TO TAKE prior to entering the program. Please indicate the name of school, course number and title, term, and number of credits. Check the box at the bottom if you have completed all the prerequisites. All applicants must sign below.

I understand all prerequisite courses must be completed prior to the start of the program:

Applicant’s Signature: __________________________________________________________

Name: ____________________________________________________________

(LAST) (FIRST) (MIDDLE)

Social Security # or NYU I.D. # (if available): ________________________________

<table>
<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th>COURSE NUMBER/TITLE/TERM</th>
<th>CREDITS</th>
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☐ Please check this box if you have already completed all of the prerequisites.

Please complete, and sign, this form and return it with your completed application packet.
New York University
The Steinhardt School
Department of Physical Therapy

Documentation of Observation Experiences

This form with the required documentation is required for all applicants to the Doctor of Physical Therapy (DPT) Program in NYU Steinhardt. Please provide documentation of all your observation experiences, with a short explanation of the populations that you observed. Letterhead from three of the organizations MUST be attached to this form.

NAME: ______________________________________________________________________

(LAST)                           (FIRST)                            (MIDDLE)

SOCIAL SECURITY # or NYU I.D. # (If Available): _______________________________

OBSERVATIONS:

Please complete this form attach the documentation and return it with your completed application packet.
This form with the required documentation is required for all applicants to the Doctor of Physical Therapy (DPT) Program in NYU Steinhardt. Please provide documentation of your community (volunteer) service in organizations, groups or clubs. Letterhead from organizations, groups, clubs, newspaper clippings, published reports, and the like, MUST be attached.

NAME: ______________________________________________________________________

(LAST)                           (FIRST)                            (MIDDLE)

COMMUNITY SERVICE ROLES:

Please complete this form, attach the documentation and return it with your completed application packet.
Physical Activity/Movement/Dance/Sports List

This section is required for applicants to the Doctor of Physical Therapy (DPT) Program. Please describe the extent of your involvement with physical activity, movement, dance, or sports.

Please complete this form and return it with your completed application packet.
New York University
The Steinhardt School
Department of Physical Therapy

Documentation of Leadership

This form with the required documentation is required for all applicants to the Doctor of Physical Therapy (DPT). Please provide documentation of your leadership in organizations, groups, or clubs. Letterhead from organizations, groups, clubs, newspaper clippings, published reports, and the like, MUST be attached.

NAME: ______________________________________________________________________

(LAST)                           (FIRST)                            (MIDDLE)

LEADERSHIP ROLES:

Please complete this form attach the documentation and return it with your completed application packet.
New York University
The Steinhardt School
Doctor of Physical Therapy (DPT) Program

Recommendation Form

To the applicant: Please read and complete the top portion of this form. You must submit two (2) recommendations, at least one (1) of which must be from a physical therapist. Each completed recommendation form should be in a sealed envelope and signed along the seal by the person completing the form before it is returned to you. Recommendations MUST be submitted with your completed application packet.

Candidate’s Name: ___________________________________ Social Security #: ___________________________
(LAST)             (FIRST)          (MIDDLE)

1974 Family Educational Rights and Privacy Act
This recommendation form will become part of your admissions file. It will not be disclosed to any unauthorized individual without your consent. If you matriculate at New York University, you will have access to your file unless you voluntarily waive your rights of access. Please check one of the choices and sign the statement below. I have read the information above and hereby ☐ waive or ☐ do not waive my right of access to this document should I matriculate at New York University.

Signature:_________________________________________ Date:____________________________

To the recommender:

1. In what capacity have you known the applicant?________________________________________________________

2. If the applicant has been an employee or volunteer with you, please indicate the number of hours: _________________

3. Please assess the applicant relative to others that you have known in a similar capacity:

<table>
<thead>
<tr>
<th></th>
<th>Outstanding (Top 2%)</th>
<th>Superior (Top 10%)</th>
<th>Good (Top Third)</th>
<th>Fair (Middle Third)</th>
<th>Poor (Bottom Third)</th>
<th>Unable to Judge</th>
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</thead>
<tbody>
<tr>
<td>Ability in Written Expression</td>
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<tr>
<td>Ability in Oral Expression</td>
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<tr>
<td>Creativity/Originality</td>
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<tr>
<td>Analytical/Problem Solving Ability</td>
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<td>Initiative/Independence</td>
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<td>Integrity</td>
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<td>Maturity</td>
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<td>Perseverance</td>
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(Continued)
4. Describe the applicant's interpersonal skills:

__________________________________________________________________________________________________________________________________________

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5. What are the applicant's strengths and weaknesses? If possible, please provide specific instances of strengths, weaknesses and/or accomplishments:

__________________________________________________________________________________________________________________________________________

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RECOMMENDATION FOR ACCEPTANCE:

☐ STRONGLY RECOMMEND

☐ RECOMMEND WITH RESERVATION (See comments below)

☐ RECOMMEND

☐ DO NOT RECOMMEND (See comments below)

COMMENTS: (Attach additional sheets if necessary)

__________________________________________________________________________________________________________________________________________

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NAME ______________________________________________________ TITLE _________________________________

INSTITUTION ___________________________ DEPARTMENT/PHONE NUMBER __________________________

SIGNATURE ___________________________ DATE ______________________________

Note to recommender: This form MUST be completed and returned to the applicant in a sealed envelope with your signature along the seal. It is not to be mailed directly to New York University. Thank you for your attention to this matter, and for your time and consideration in completing this form.
To the applicant: Please read and complete the top portion of this form. You must submit two (2) recommendations, at least one (1) of which must be from a physical therapist. Each completed recommendation form should be in a sealed envelope and signed along the seal by the person completing the form before it is returned to you. Recommendations MUST be submitted with your completed application packet.

Candidate’s Name: ___________________________________ Social Security #: __________________________
(LAST)             (FIRST)          (MIDDLE)

1974 Family Educational Rights and Privacy Act
This recommendation form will become part of your admissions file. It will not be disclosed to any unauthorized individual without your consent. If you matriculate at New York University, you will have access to your file unless you voluntarily waive your rights of access. Please check one of the choices and sign the statement below. I have read the information above and hereby □ waive or □ do not waive my right of access to this document should I matriculate at New York University.

Signature: ___________________________________ Date: __________________________

To the recommender:

1. In what capacity have you known the applicant? __________________________

2. If the applicant has been an employee or volunteer with you, please indicate the number of hours: _____________

3. Please assess the applicant relative to others that you have known in a similar capacity:

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<th>Ability in Written Expression</th>
<th>Outstanding (Top 2%)</th>
<th>Superior (Top 10%)</th>
<th>Good (Top Third)</th>
<th>Fair (Middle Third)</th>
<th>Poor (Bottom Third)</th>
<th>Unable to Judge</th>
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RECOMMENDATION FOR ACCEPTANCE:

☐ STRONGLY RECOMMEND

☐ RECOMMEND WITH RESERVATION (See comments below)

☐ RECOMMEND

☐ DO NOT RECOMMEND (See comments below)

COMMENTS: (Attach additional sheets if necessary)
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NAME ______________ TITLE ______________

INSTITUTION ______________ DEPARTMENT/PHONE NUMBER ______________

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