

## Master of Science in Physical Therapy Supplemental Application Form

Please complete all fields marked with a red asterisk ( \* ), including the acknowledgements, and upload into your MScPT application in GSMS.

Name\*: Click or tap here to enter text.

Email\*: Click or tap here to enter text.

Birthdate (DD/MM)\*: Click or tap here to enter text.

Province/State of current residence\*: Click or tap here to enter text.

What province/state do you consider to be your hometown? \*: Click or tap here to enter text.

### **Campus Choice**

I would like to study in Edmonton\*: YES  NO

If yes, it is my: First Choice  Second Choice

I would like to study in Calgary\*: YES  NO

If yes, it is my: First Choice  Second Choice

*\* I acknowledge that this ranking is not definitive and that I may not be offered a seat in my first choice campus\**

### **Prerequisite Courses**

#### **English**

Course Subject and Number (ex. ENGL 101)\*: Click or tap here to enter text.

Institution\*: Click or tap here to enter text.

Semester completed or expected date of completion (ex. Fall 2022)\*: Click or tap here to enter text.

#### **Psychology**

Course Subject and Number (ex. PSYC 101)\*: Click or tap here to enter text.

Institution\*: Click or tap here to enter text.

Semester completed or expected date of completion (ex. Fall 2022)\*: Click or tap here to enter text.

**Statistics**

Course Subject and Number (ex. STAT 101)\*: Click or tap here to enter text.

Institution\*: Click or tap here to enter text.

Semester completed or expected date of completion (ex. Fall 2022)\*: Click or tap here to enter text.

**Humanities/Social Sciences**

Course Subject and Number (ex. PHIL 101)\*: Click or tap here to enter text.

Institution\*: Click or tap here to enter text.

Semester completed or expected date of completion (ex. Fall 2022)\*: Click or tap here to enter text.

**Anatomy**

Course Subject and Number (ex. PHER 350)\*: Click or tap here to enter text.

Institution\*: Click or tap here to enter text.

Semester completed or expected date of completion (ex. Fall 2022)\*: Click or tap here to enter text.

*\* I acknowledge that my Anatomy course was completed within 5 years of application or is currently in progress, as shown on my transcript(s)\**

**Physiology**

Course Subject and Number (ex. PHYSL 210A)\*: Click or tap here to enter text.

Institution\*: Click or tap here to enter text.

Semester completed or expected date of completion (ex. Fall 2022)\*: Click or tap here to enter text.

Course Subject and Number (ex. PHYSL 210B): Click or tap here to enter text.

Institution: Click or tap here to enter text.

Semester completed or expected date of completion (ex. Fall 2022): Click or tap here to enter text.

**Human Movement**

\* I have graduated, or will graduate, with a degree in Kinesiology, Physical Education, or Athletic Therapy\* YES  NO

If NO:

Course Subject and Number (ex. PHER 351): Click or tap here to enter text.

Institution: Click or tap here to enter text.

Semester completed or expected date of completion (ex. Fall 2022): Click or tap here to enter text.

### **Canadian Indigenous History**

I have completed the Indigenous Canada certificate through the University of Alberta\*:

YES       NO       IN PROGRESS

If YES, I acknowledge that I have uploaded the certificate into the GSMS application, in the Department Checklist section

If IN PROGRESS, the expected completion date is (month and year): [Click or tap here to enter text.](#)

If NO:

Course Subject and Number (ex. NS 110): [Click or tap here to enter text.](#)

Institution: [Click or tap here to enter text.](#)

Semester completed or expected date of completion (ex. Fall 2022): [Click or tap here to enter text.](#)

### **Program Acknowledgements**

1. I acknowledge that I have read the Department of Physical Therapy's website, including the [Application Process: Step-by-Step](#) page, and understand the application requirements.\*
2. I acknowledge that I have uploaded the proper documents with my application, including **official transcripts from every post-secondary institution, including colleges, polytechnics, and institutes, that I have attended, issued within the past year.**\*   
*\*Transcripts from the University of Alberta may be unofficial.*
3. I acknowledge that failure to submit a complete application by the application deadline may result in decline due to ineligibility.\*
4. I acknowledge that I will need to travel away from my home campus to complete clinical placements, and that I am responsible for the costs associated with travel for clinical placements.\*
5. I acknowledge that I have read the [Requisite Skills and Abilities](#) for PT Students document.\*

Applicant Name\*: [Click or tap here to enter text.](#)

Date\*: [Click or tap to enter a date.](#)



The Faculty of Rehabilitation Medicine would like to better understand the composition and demographics of the applicants applying to the Professional Programs of Master of Science in Occupational Therapy, Physical Therapy and Speech-Language Pathology. Please take a few minutes to complete this anonymous survey that will tell us a little more about who you are. The results are held separately and are in no way linked to your application or have any bearing on our admissions decisions. The aggregate results of this survey will inform our policy decision-making as we strive to create a more equitable, inclusive, and diverse learning environment that is reflective of the communities we serve.

[Survey Link](#)