

STUDENT APPLICATION FORM – PHYSICAL THERAPIST ASSISTANT PROGRAM

(Upon enrollment into the program, the student must pass a background check and a drug screen test, at student's expense, for security clearance and continued enrollment in the program.)

*DMC Student ID Number: _____ *Telephone Number: _____

*Name: _____
(Last) (First) (Middle)

*Other names under which records may be found: _____

*Mailing Address: _____
(Number & Street) (City) (State) (ZIP)

*Permanent Address: _____
(Number & Street) (City) (State) (ZIP)

Permanent E-mail Address(es): _____

EMERGENCY DATA: Name, Address and telephone number of person to be notified in case of emergency.

Colleges/Universities attended: _____

Are you currently on scholastic probation? Yes No

Are you currently enrolled in Del Mar College? Yes No

If yes, in which courses are you presently enrolled? _____

I certify that all the information and statements I have provided in this application are current, correct, and complete to the best of my knowledge. I understand that withholding information requested on this application or giving false information, may be grounds for denial of admission to the Physical Therapy Assistance Program or may be grounds for expulsion from the program after I have been admitted.

(Signature)

(Date)

Name: _____ DMC Student ID Number: _____