

Name: _____ Date of Birth: _____ PTCAS ID: _____
 Last Name, First Name M.I. mm/dd/yyyy

WESTERN UNIVERSITY OF HEALTH SCIENCES PHYSICAL THERAPY PROGRAM Prerequisite Worksheet

Indicate how you have fulfilled the prerequisites listed below. This form must be completed and uploaded to your secondary application. If a course is in progress you must provide course details and indicate IP for the grade.

*Term Example: FA16 (FA=Fall, SP=Spring, SU=Summer, WI=Winter) Units/Credits: 4S (S=Semester Q=Quarter)

Required Courses	Name of Institution (Do not abbreviate)	Dept Code	Course Number	Complete Course Title	Term*	Units	Grade (or IP)
Example:	Freeway University	CHE	101	General Chemistry	F00	4Q	A-
Human Anatomy							
Human Anatomy Lab (Only if lab not included)							
Human Physiology							
Human Physiology Lab (Only if lab not included)							
Chemistry I							
Chemistry II							
Chemistry III (Quarter System Only)							
Chemistry Lab I (Only if lab not included)							
Chemistry Lab II (Only if lab not included)							
Chemistry Lab III (Quarter System Only)							
Physics I							
Physics II							
Physics III (Quarter System Only)							
Physics Lab I (Only if lab not included)							
Physics Lab II (Only if lab not included)							
Physics Lab III (Quarter System Only)							
Statistics							
Psychology I							
Psychology II							
English Composition							