

GRADUATE PROGRAM APPLICATION/REGISTRATION FORM
Non-Degree Status

Date _____

Name _____

Permanent Address: _____ Date of Birth: Month _____ Day _____ Year _____

Street City/State Zip

Telephone: Business: (_____) _____ Residence: (_____) _____

Area Code Area Code

Local Address (if different from Permanent Address) _____ Telephone: Business: _____ Residence: _____

Street City/State Zip

EDUCATIONAL HISTORY/LICENSURE

NAME AND LOCATION OF COLLEGE/UNIVERSITY AT WHICH YOUR UNDERGRADUATE DEGREE WAS CONFERRED:

College/University _____ City, State _____

Degree Conferred _____ Major _____ Specialty Track _____

RELEVANT TO PHYSICAL THERAPY GRADUATE COURSES:

(if applicable)

ARE YOU A LICENSED PHYSICAL THERAPIST? YES _____ NO _____ If yes, please indicate:

State of PT Licensure _____ License Number _____ License Expiration Date _____

REGISTRATION

Have you previously attended Daemen College? Yes _____ No _____ If yes: Did you graduate? Yes No Dates of attendance _____

Registering for: Fall _____ Spring _____ Summer (year and session(s)) _____ Full-time Part-time Commuter Resident

Registration Status: Non-degree student Family/staff member (non-degree) Staff member (non-degree) Other

Graduate Program in which you wish to take courses: _____ Specialty Track (if applicable): _____

Dept./ Course #	Section	Course Title	Prerequisites Satisfied*	Cr. Hrs.	Instructor	Meeting Days/Time

Course or Lab to be replaced		ALTERNATE SELECTIONS					
Dept./ Course #	Section	In the event that a course is closed, please list replacement selections in order of preference. (USE FOR DIFFERENT COURSES ONLY - NOT DIFFERENT SECTIONS OF THE SAME COURSE)					
		Dept./ Course #	Section	Course Title	Prerequisites Satisfied*	Cr. Hrs.	Meeting Days/Time

SIGNATURE & DATES

Student _____ Date _____ Course Instructor(s) _____ Date _____ Graduate Program Director _____ Date _____

*Graduate Program Director's initials will verify that course prerequisites are satisfied.

Blue: Graduate Program Office Green: Registrar Pink: Student

FOR OFFICE USE ONLY

Registration Clerk _____ Date _____