



Advisee Information Sheet

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

First

Middle

Last

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Preferred Email \_\_\_\_\_

SPC Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Demographic Information: Do you already have a degree? Y [ ] N [ ] What? \_\_\_\_\_**

**Have you applied to PT school before? Y [ ] N [ ]**

**Do you have an active application for PT School or another Allied Health Program? Y [ ] N [ ]**

**I acknowledge that my advisor has reviewed the Program application information with me and I have been provided a written copy of the Admission Information Sheet.**

Applicant's Signature \_\_\_\_\_

**If at any time you have a question, please contact the PTA program office 806.716.2470 or 806.716.2518**