Application for Graduate Study
College of Health Professions
Temple University

PLEASE ENCLOSE THE $65.00 APPLICATION FEE PAYABLE TO TEMPLE UNIVERSITY

Mail to:
Temple University
College of Health Professions
Office of Admission and Enrollment
3307 N. Broad Street
Philadelphia, PA 19140

Please type or print legibly using dark blue or black ink.

1. **Social Security Number** _____ - _____ - _____ 2. **Country of Citizenship** _____

3. **Full Legal Name** _____
LAST/SURNAME/FAMILY NAME FIRST MI

4. **Prior Name(s) Used** *(if any)* _____

5. **Date of Birth*** _____
MONTH/DAY/YEAR

6. **Gender*** ☐ Male ☐ Female

7. **Ethnicity*** ☐ African American ☐ Asian or Pacific Islander ☐ Hispanic/Latino ☐ Native American ☐ White ☐ Other

**Provision of this information is voluntary and will not affect consideration of application. Responses are solely for assessing compliance with civil rights laws.*

8. **Permanent Home Address** _____
NUMBER & STREET CITY

_____
COUNTY STATE ZIP CODE

_____(_____)_____
COUNTRY HOME TELEPHONE NUMBER

9. **Current Mailing Address** *(if different from permanent address)*

_____
NUMBER & STREET CITY

_____
COUNTY STATE ZIP CODE

_____(_____)_____(_____)_____
COUNTRY HOME TELEPHONE NUMBER CELL PHONE NUMBER E-MAIL

10. **Semester Applying for:** Fall Year _____ 11. **Program/Curriculum** Doctor of Physical Therapy

12. **Statement of Residence** *(Required of ALL Applicants)*

Country of Citizenship _____ Native Language _____

U.S. Permanent Resident? ☐ Yes ☐ No Type of U.S. Visa *(if alien)*: ☐ F1 ☐ J1 ☐ Other _____

U.S. State of Legal Residence _____ County _____

If you claim Pennsylvania residency, will you have resided in Pennsylvania for 12 consecutive months preceding entry into Temple? ☐ Yes ☐ No

If you claim Pennsylvania residency, have you been a student at any time during the past 12 months? ☐ Yes ☐ No

If yes, what school, college or university did you attend and where? _____

If currently in military service, are you assigned to active duty at a military installation in Pennsylvania? ☐ Yes ☐ No

If you are related to a military person assigned to active duty in Pennsylvania, indicate whether you are a: ☐ Spouse ☐ Dependent

If you are a veteran and would like to receive information on support services for veterans, please check this box ☐

I am now, and have been since, _____ a legal resident of the state of _____.
MONTH/YEAR