NOTICE OF APPLICATION PSU ARTICULATION AGREEMENT

I,		(printed	name), am
declaring my intent to particip	pate in the articul	ation agreement between Pennsylvania	State
University (PSU) and Miseric	cordia University	(MU). I would like to apply for admis	ssion to the
DPT program to begin in spri	ing	I understand that this arranger	nent is
bound by the articulation agre	eement signed be	tween Penn State University and Miser	ricordia
University for this purpose, a	nd that this agree	ement stipulates that up to two spaces as	re reserved
in the Misericordia DPT prog	gram for PSU PTA	A graduates. I understand that my adm	ission to the
Doctor of Physical Therapy p	orogram is on a co	ompetitive space-available basis. I will	be notified
of its receipt by the MU Phys	ical Therapy in w	vriting within three weeks of submitting	g this
notice. I will be notified of th	ne decision made	by the MU Physical Therapy Transfer	Admission
Committee by June 15th of th	ne year before the	year in which I would like to begin the	e DPT
program.			
Student Address:			
Student Phone:			
Student e-mail:			
Student	Date	PTA Program Coordinator, Pennsylvania State University	Date
		Chair, Physical Therapy Department Misericordia University	Date

^{*} Submit by May 15th of year before you wish to begin the graduate DPT program.

^{*} Mail to: Physical Therapy Department, Misericordia University, 301 Lake Street, Dallas PA 18612.