



TRANSCRIPT REQUEST FORM for Applicants for Physical Therapy Licensure in the United States

To be completed by the educational institution only

Section 1: Instructions

Please answer the questions below and submit this form with the official transcripts of study.

All transcripts of study should be clear and official academic records and include the individual's name, dates of attendance and date of graduation. If the degree and date of graduation are not indicated, please include a copy of the degree certificate. The transcripts of study should also indicate the number of lecture and laboratory hours of study and the final grade earned for each course. **Information concerning the clinical internship should also be provided (including hours, patient population, clinical setting, and specific location).**

Also submit clear, detailed syllabi with course content information for all studies completed by the individual. General course descriptions may be substituted for subjects in general education only. Detailed course content information is required for all classes taken in the major. **Please be sure that the names of the subjects on the course syllabi match the names of the subjects on the student's academic records, in the order they have been listed. Any discrepancies will delay the evaluation.**

Please mail this form, along with the requested academic records, directly to International Education Research Foundation at:
Post Office Box 3665
Culver City, California 90231-3665
USA

Section 2: Please print or type.

Name of student: _____

Name of institution: _____

Address of institution: _____

Telephone: () _____ Fax: () _____ Email: _____

Program of study attended by individual: _____

Length of program (Please specify whether the length is in years, semesters, or weeks.): _____

Language of instruction: _____

Name of degree/diploma/certificate awarded: _____

Date that the degree/diploma/certificate was awarded: _____

What is the minimum entrance requirement for this program of study? _____

Is the person eligible for admission to a university program at the master's or doctoral level? _____

Is the person eligible to practice physical therapy in the country of study? _____

Is there a licensing authority/process for physical therapists? If yes, please specify. _____

Studies verified by (name): _____ Title: _____

Signature _____ Date: _____

Affix school seal here.