

II. EDUCATION

A. High school (list last high school attended):

Name	Grade completed	Year Graduated
Address	City	State

B. Colleges:

1.

College Name	Major	Degree Completed
Address, City, State, Zip	Dates Attended	Quarter or Semester System

2.

College Name	Major	Degree Completed
Address, City, State, Zip	Dates Attended	Quarter or Semester System

3.

College Name	Major	Degree Completed
Address, City, State, Zip	Dates Attended	Quarter or Semester System

4.

College Name	Major	Degree Completed
Address, City, State, Zip	Dates Attended	Quarter or Semester System

C. I have been accepted and/or attended the physical therapist assistant program listed below:

Name of College/Program	Date	Reason for leaving
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I have read and understand the admission requirements and procedures for application. It is understood that withholding information, such as enrollment in another Physical Therapy or Physical Therapist Assistant program or giving untruthful answers to questions on this application could be cause for non-acceptance or dismissal from the program.

Signature	Date
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Students with disabilities who may need accommodations in completing any part of this application process should contact the Student Accessibility Services (SAS) Office: <https://www.cerritos.edu/sas/> (562) 860-2451 ext. 2335