Pre-Physical Therapy

Degree: Bachelor of Exercise and Sports Science (ESS)
Major: Exercise and Sports Science (ESS)
Concentration: Pre-Physical Therapy (PPT)
Catalog Year: ________________________________

Optional Minor: ________________________________

Student Information
Name: ___________________________________ Texas State ID: A0_________________ Effective Semester: ____________
  o Initial Declaration (New Student Orientation)
  o Change from previous program: ____________________________________________

I understand that:

- The decision to change to a different major or program now or in a future semester will likely result in additional hours required for degree completion and delayed graduation and could potentially result in tuition for excessive attempted hours.
- To be a licensed Physical Therapist, additional education is required beyond this undergraduate program.
- Completion of this program will not guarantee admittance into a graduate-level Physical Therapy program.
- Physical Therapy programs outside of Texas State may require additional prerequisite courses not included in this program.
- A Texas State GPA of 2.75 is required prior to registration for and enrollment in certain coursework.
- ESS 1128 Aquatic Ther. and ESS 1179 Weight Trn. are degree requirements and cannot be substituted with PFW ACT courses.
- PT 3400 Human Structure and Function should be taken after successful completion of BIO 2430, AT 3326, and AT 3328.
- AT 3326 Eval. of Upper Extrem. Inj. and AT 3328 Eval. of Lower Extrem. Inj. should not be taken in the same semester.
- Attendance at an Internship meeting the long semester prior to completion of the Internship course is required.
- Successful completion of an approved 200-hour internship experience is required for degree completion.
- Regardless of catalog year, I will be held to current academic policies and course prerequisites which are subject to change.

Additionally, I recognize that the AT and ESS courses in my major have limited enrollments and are sometimes offered on a rotational basis (fall only or spring only, etc.). I may not be able to register for these courses in my desired academic year and should adjust my long-range plan accordingly.

Student Signature: ________________________________ Date: ________________________________
Advisor Signature: ________________________________ Date: ________________________________