UTICA
UNIVERSITY

Academic and Professional Standards Statement

Please read carefully, fill out all information, sign and return to Admissions with your application.

NAME: _____

PERMANENT ADDRESS: _____

CITY, STATE OR PROVINCE, ZIP OR POSTAL CODE: _____ _____ _____

PHONE: _____ **EMAIL:** _____

To: The Utica University DPT Program Faculty

I wish to apply for entry into the Utica University DPT program. I am aware of the criteria I must meet in order to maintain my status as a DPT student at Utica University and to be eligible for continuation in the program.

As a DPT graduate student, I understand that:

- I must maintain a cumulative GPA of 3.0.
- I may not earn more than two (2) grades below "B–" in my professional courses.
- I must complete each clinical education course with a grade of "Pass."
- I will demonstrate effective professional behaviors to complement the knowledge and skills necessary for program progression and practice.

I will maintain the standards outlined above if I am accepted as a graduate student in the Utica University DPT program and understand that the failure to meet any of these standards may result in my dismissal from the professional program. It is my responsibility to review the additions and amendments to the Utica University DPT Program Handbook during the time I am a student in the DPT program.

_____ _____ _____

SIGNED **PRINT NAME** **DATE**

OFFICE OF ADMISSIONS
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