2026 PHYSICAL THERAPIST ASSISTANT APPLICATION FORM Virginia Western Community College

Mailing Address: (Street or P.O. Box) (City/State) (Zip Code) Phone: Cell ()	Name:			
Mailing Address: (Street or P.O. Box) (City/State) (City/State) (Zip Code) Phone: Cell () Preferred email address during application process (see note): (please print) ote: Please be aware of your email account associated with your Navigate account. This is the email that will be used to notify you of important application formation. In addition, emember to turn on your notifications in Navigate to receive information from HPAAO. Applicants must meet the general admission requirements for the college. Students must have completed the following college prerequisite with a "C" or better in each course: College level Bio 144 (1 credits Human Anatomy & Physiology I-with lab) and \$DV 101 (2 cr. BIO 141 must be completed within 5 years prior to entering program. Enrollment and completion of all prerequisite(s) must to complete by the end of the spring prior to the fall semester when you are entering/starting the program (spring 2026 for fa 2020). College-level BiO 142 (Human Anatomy and Physiology II must be completed, "c" or better by end of summer prior I fall admission. Must be completed within five years of beginning the program. Cumulative college GPA must be 2.75 or highly the end of Fall 2025 to be eligible (based on at least 12 credit hours) or High School GPA will be used if applicant does not have 1 credit hours of college credit to establish the GPA. Please note: At VWCC the prerequisite for enrollment in BiO 141 is either challeng placement into BiO 141 or completion within the last three (3) years of BiO 101 with a grade of "C" or believe or NAS 2 with a grad of "S". At VWCC the prerequisite for BiO 101/ NAS 2 is ENG 111 placement and successful completion of MDE 10, within the last five years or direct enrollment into college level math course. Must be at least 18 years of age by licensing exam. Please answer YES or NO to the following questions. Are you a high school graduate? (Year) OR Are you a current high school senior? Note: An official sealed high school transcript	(Last) (First)		(M.I.)	
Phone: Cell ()	Social Security Number (last four digits):		VCCS Student I.D.#:	
Phone: Cell ()	Mailing Address:			
Preferred email address during application process (see note):	-		(City/State)	(Zip Code)
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	APPLICANT SIG	GNATURE		DATE
You should mail all application materials to Pam Woody, VWCC-Health Professions, 3091 Colonial Ave., Roanoke, VA 24015 or bring to the Fralin Center, Heal Professions Advising and Applications Office-Room 339. When all the academic material has been reviewed by one of the advisors in the Health Profession Advising and Applications Office-Room 339.	You should mail all application materials to F	Pam Woody, VWCC-Health Professions	, 3091 Colonial Ave., Roanoke, VA 24015 or	r bring to the Fralin Center, Health

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It is the policy of the Virginia Community College System and Virginia Western Community College to maintain and promote equal employment and educational opportunities without regard to race, color, sex, age, religion, disability, national origin, or other non- merit factors. For further information, contact the Title IX Coordinator, Bernadette Battle, Chapman Hall, Room 102A, phone (540) 857-6572, TitleIXCoordinator@virginiawestern.edu. TTY number is (800) 855-2880 all users