UIC Office of Graduate and Professional Admissions / Department of Physical Therapy

Supplemental Application Fee Submission Form

Important: Do not send in supplemental packet until PTCAS application has been e-submitted

_____

Last Name **First Name** **Middle Name**

Date of Birth (mm/dd/yyyy) _____

Social Security Number (optional) _____

Address_____

City_____ State_____ Zip: _____ Nation_____

Application Term: **Fall** **Year: 2010**

Intended Program Doctor of Physical Therapy

Submit the fee in a check or money order in U.S. currency made payable to the University of Illinois. The application fee for admission to the University is $40 for a domestic or immigrant applicant and $50 for an international applicant. The fee is nonrefundable.

Enclosed: ☐ **$40 – Domestic Applicant**

☐ **$50 – International Applicant**