



REGISTRATION FOR THE TRANSITIONAL DOCTOR OF PHYSICAL THERAPY
DEGREE CONFERRED BY

UNIVERSITY OF MONTANA, USA

CHOOSE YOUR PROGRAM

BSc to DPT

☐

ACCELERATED
BSc to DPT

☐

MSc to DPT

☐

ACCELERATED
MSc to DPT

☐

FOR NIGERIAN CANDIDATES (ONLY)

REFERRAL FOCAL PERSON

Abdulsalam Yakasai

Fatima Halilu

PERSONAL DATA

NAME

DATE OF BIRTH

GENDER

NATIONALITY

CURRENT ADDRESS	
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ACADEMIC QUALIFICATIONS

HIGHSCHOOL	NAME OF SCHOOL	
	YEAR ATTAINED	
	NAME OF DEGREE	

POST SECONDARY	UNIVERSITY/COLLEGE ATTENDED	
	NAME OF QUALIFICATION	
	YEARS ATTENDED	
	YEAR GRADUATED	
	LANGUAGE OF INSTRUCTION	

ADDITIONAL POST SECONDARY DEGREE	
UNIVERSITY/COLLEGE ATTENDED	
NAME OF QUALIFICATION	
YEARS ATTENDED	
YEAR GRADUATED	
LANGUAGE OF INSTRUCTION	

ADDITIONAL POST SECONDARY DEGREE	
UNIVERSITY/COLLEGE ATTENDED	
NAME OF QUALIFICATION	
YEARS ATTENDED	
YEAR GRADUATED	
LANGUAGE OF INSTRUCTION	

PT LICENSE

LICENSE NUMBER

DATE ATTAINED

ENGLISH LANGUAGE PROFICIENCY TESTING

TEST NAME

TEST DATE

SCORE

CREDENTIAL REPORT

Have you completed a credential report in the past 2 years?

Yes

☐

No

☐

If Yes: Name of credential agency

Year of Credential Report

PLEASE ATTACH YOUR CV & SEND TO [INFO@CONSULTSYLLABI.COM](mailto:info@consultsyllabi.com)

PLEASE CHECK WITH THE FSBPT FOR CREDENTIALING REQUIREMENTS FOR PT LICENSING IN THE US.

info@consultsyllabi.com

