



**SCHOOL OF PHYSICAL THERAPY
& REHABILITATION SCIENCES**

**Instructions for School of Physical Therapy & Rehabilitation Sciences
Application Fee Amount: \$30.00**

Payable to:

UNIVERSITY OF SOUTH FLORIDA
CHECKS OR MONEY ORDERS ONLY

NO CASH

In order for your application to be considered this form and your check must be received.

Sending any of this information to the wrong place will delay the processing of your application!

This fee is due at the time of application. This fee is *not* refundable.

Your canceled check will serve as your receipt. If a formal receipt is desired please enclose a self-addressed stamped envelope.

Doctor of Physical Therapy Application Fee

Please Print

Last Name: _____

First Name: _____

Middle Name: _____ **DOB:** _____

SSN# _____

Mail this fee separately to:

**USF Health Payment Center
PO Box 864300
Orlando, Florida 32886-4300**

Note: Address must be printed in blue or black ink with complete zip code numbers.