The University Of
T A M P A

Physician Assistant Program
Department of Physician Assistant Medicine

PA Program Petition Form

Applicant Information		
Name:	Date:	
Mailing Address:	Telephone No. (with area code)	Email Address:

Prerequisite Course Substitution Information (to be completed by the applicant)		
Course 1 Transfer Institution:		City, State
Department and Course Number:	Course Title:	
Credit Hours:	Credit Hours in Lecture:	Credit Hours in Lab:
Grade:	Semester/Year Taken:	
Highlight which UT PA Program prerequisite is being substituted: Chemistry I Chemistry II Biology I Biology II A&P I A&P II Microbiology Statistics		
Course 2 Transfer Institution:		City, State
Department and Course Number:	Course Title:	
Credit Hours:	Credit Hours in Lecture:	Credit Hours in Lab:
Grade:	Semester/Year Taken:	
Highlight which UT PA Program prerequisite is being substituted: Chemistry I Chemistry II Biology I Biology II A&P I A&P II Microbiology Statistics		

Attach copy of course syllabus in English. If course includes a lab with a separate syllabus then include that in English. Be sure the information includes course description, learning objectives, list of topics covered, title and author of textbook(s) and lab manual(s) utilized in the course, and the student assessments used in the course.

The petition form and supporting documents must be received by the program no later than the application deadline and is the sole responsibility of the applicant. IF SUPPORTING DOCUMENTS ARE NOT PROVIDED BY THE DEADLINE, THE PETITION WILL BE DENIED. All decisions are FINAL and may not be appealed by the applicant.

Direct Patient Care Classification. Use the space below to petition to have your patient care experience classified for the *Direct Patient Care Experience Admissions Preference*. When responding, please succinctly describe the hands on care, period of training required for patient care, license required for patient care, exposure to different patient types, and your degree of independence in providing patient care,. You **MAY NOT** petition to have the listed direct patient care roles to be elevated in classification (e.g., medical interpreter to be upgraded from minimal to moderate).

Patient care role and rationale:

Return this document in Adobe PDF format only with supporting materials to: pam@ut.edu

Petition Review (to be completed by Director for PA Admissions)
Action Taken: _____ Request Approved   _____ Request Denied
Comments/Rationale:
Reviewed By: Date: