

THE UNIVERSITY OF UTAH GRADUATE SCHOOL

REPORT OF THE FINAL PROJECT AND ORAL EXAMINATION
FOR THE DOCTOR OF PHYSICAL THERAPY DEGREE

Return one copy signed by committee and Director of Graduate Studies to:
Division of Physical Therapy
520 Wakara Way

Name of Student: _____
Last Name First Name

Major Field: PHYSICAL THERAPY Date of Examination: _____

The student's final project was evaluated as follows by the committee chair:

Finished and Passed Failed

The student's oral examination was evaluated as follows by the committee:

Passed Failed

Signatures of supervisory committee:

«Chair»

«Committee_member»

«Committee_member_2»

Date Project was accepted by the Director of Graduate Studies: _____

Signature of Director of Graduate Studies: _____
«Director of Graduate Studies»