

Program of Study Form for the Doctor of Physical Therapy Degree
(Due NO LATER than SEP 30 3rd Year)

Full legal name _____ UofU ID# _____

Present address _____ Telephone _____
Street City State Zip

Permanent address (if different) _____

Home State _____

Degree(s) previously received _____ Institution _____
(B.S., M.S., etc.)

This degree is expected to be completed at the end of _____ semester, 20____

The program of study as outlined has been approved by the student's supervisory committee listed below:

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

This program of study fulfills departmental requirements:

Signature, Department Chair or Director of Graduate Studies Date _____

Program approved by _____ Date _____
Dean of The Graduate School

Approved for graduation by _____ Date _____
Dean of The Graduate School

Graduate Records _____ Total Hours
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On the attached sheet, list chronologically only those courses that apply toward the proposed degree. Course work should be projected through the intended date of completion. List 5000-level or above coursework for this graduate program.

Background and/or undergraduate courses required for qualification as a graduate student in the major subject normally do not count toward the degree. Likewise, courses taken toward a professional degree normally do not count toward an M.Phil. or Ph.D. degree

SEND ORIGINAL AND 4 COPIES TO GRADUATE RECORDS, 302 PARK BLDG.

