Wayne State University
Eugene Applebaum College of Pharmacy and Health Science
Transitional Doctorate of Physical Therapy
Plan of Work

Last Name	
First Name	
Student #	
Department	Physical Therapy
Advisor	
Major	Physical Therapy
Degree Plan	tDPT

For Candidacy Considerations

Credits to Date: _____

*Cumulative HPA :*_____

*# of Grades Less than B:*____

Highest level academic preparation: ____

Mailing Address

_____

_____

_____

Minimum Required Credits____ Credits Year to Date_____ Date of Requested Graduation_____

Starting Term: _____ Starting Year:_____ Hold:_____

Courses Completed and Proposed

TERM	YEAR	Course No.	Course Title	Credit	Grade
Additional Requirements for Bachelor Degree Prepared Candidates (6 credit hour equivalency)					

Date of POW_____ Current Date_____ Total # Credits:____

Advisor's Approval:_____ Date:_____

Graduate Officer's Concurrence:_____ Date:_____

PETITION FOR CANDIDACY

Having taken all required entrance examinations and prerequisites, presented in my "Plan of Work", and given evidence of ability to pursue satisfactorily a program of graduate study, I hereby petition my advisor and the Graduate Officer to be advanced to "candidate" for the Clinical Doctorate degree.

Applicant's Signature:_____ Date_____

Candidacy Recommended By:_____, Advisor Date_____

Candidacy Authorized by:_____, Graduate Officer Date:_____