

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

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

Courses Completed and Proposed

TERM	YEAR	Course No.	Course Title	Credit	Grade
Course Added					
Course Deleted					

Applicant's Signature: _____ Date _____

Revision approved By: _____, Advisor Date _____

Revision Authorized by: _____, Graduate Officer Date: _____