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

| | |
|---|---|
| Last Name | sample |
| First Name | studnet |
| Student # | |
| Department | Physical Therapy |
| Advisor | K. Reid |
| 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: Fall Starting Year: 2018 Hold:_____

**Courses Completed and Proposed**

| TERM | YEAR | Course No. | Course Title | Credit | Grade |
|---|---|---|---|---|---|
| Fall | 2018 | PT 8170 | Professional Development and Reflective Practice | 3 | |
| *Winter | 2019 | PT 6300 | Research 1: Critical Thinking | 3 | |
| *Sp/Summer | 2019 | PT 6400 | Teaching and Learning in Health Care | 3 | |
| *Fall | 2019 | PT 6700 | Motor Learning and Motor Control | 3 | |
| *Winter | 2020 | PT 8400 | Diagnostic Procedures | 3 | |
| *Sp/Summer | 2020 | PT 8300 | Differential Diagnosis | 3 | |
| *Fall | 2020 | PT 8170 | Professional Development and Reflective Practice (if not already taken) | 3 | |
| | | | * indicates last time course will be offered (must take this course as scheduled to complete tDPT) | | |
| | | Elective (PT 8850) | Elective (Clinical Practicum)cum (Elective) | 3 | |
| | | PT 8850 (Elective) | Clinical Practicum (Elective) | 3 | |
| **Additional Requirements for Bachelor Degree Prepared Candidates (6 credit hour equivalency)** | | | | | |
| | | | Elective - or will submit course work from another university | 3 | |
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| | | | | | |

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:_____