

**Wayne State University**  
**Eugene Applebaum College of Pharmacy and Health Science**  
**Transitional Doctorate of Physical Therapy**  
**Waiver of Core Course Requirements or Prerequisite Courses**

**Waiver for Prior Post Graduate Coursework**

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

**Waiver for Prior Post Graduate Coursework**

TERM	YEAR	Course #	College or University	Course Title	Credit	Grade
Prior Post Graduate Course						
Core Course or Prerequisite to be Waived						
			WSU			

Portfolio Submitted:

- Official transcript from the educational institution
- Syllabus including learning objectives and learning experiences
- Exemplars demonstrating learning or the application of learning
- Student written reflection
  - On the learning experience
  - Application of the acquired learning

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Waiver approved by: \_\_\_\_\_, Advisor Date \_\_\_\_\_