

**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 Other Prior Learning**

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

**Waiver for Other Prior Learning**

**Briefly describe the focus of, breadth and depth of prior learning:**

Portfolio submitted:

- Professional record documenting prior learning
- Evidence of advanced learning and/or practice (case studies, papers, presentations, peer reviews)
- Student reflection
  - Description of the learning experiences; or scope of practice
  - Influence of specific learning experiences on professional practice and the development of expertise in practice.
  - Additional plans to further integrate this advanced learning

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

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