



# DOCTOR OF PHYSICAL THERAPY

## Declaration of Intent to Complete Degree Requirements

Based upon courses previously completed and successful completion of a projected plan of study, the following applicant is expected to meet the requirements for a baccalaureate degree prior to the start date in early May.

Applicant Name: \_\_\_\_\_

College or University granting degree: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Degree requirements to be completed Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

To be completed by academic advisor, program chair, or equivalent

Name of Individual Confirming Degree Completion Requirements:

Signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Institution & Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

To be completed by applicant:

By signing below I understand that all degree requirements must be complete prior to beginning the program. If I am unable to complete requirements by the deadline it is my responsibility to inform the program immediately which could result in forfeiture of my admission offer and any enrollment deposit.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Application Year \_\_\_\_\_

**This form must be uploaded to PTCAS and submitted by the application deadline.**