



PHYSICAL
THERAPY

Appendix A: Ph.D. in PT COMMITTEE CHAIR ACCEPTANCE FORM
PPE Degree Programs - STUDENT SERVICES
Physical Therapy Department, Rm. 2157 William S. White Building
509 North Harrison St., Flint MI 48502-1950
810-762-3373 • Fax: 810-766-6668
E-mail: cwixson@umich.edu

Please refer to the PhD in Physical Therapy Admissions Procedures.

Student name: _____ Program Name: PhD in Physical Therapy

Student E-Mail: _____ Student UMID: _____

Ph.D. in PT Committee Chair

Printed Name

Signature

Department

Title

Under certain circumstances, the student can have co-Chairs. Please discuss this with the Associate Director of the Ph.D. in PT program.

Printed Name

Signature

Department

Title

Printed Name

Signature

Department

Title

Submit this form to:
The Office of Graduate Admissions as a part of your application.

For Department Use Only			<input type="checkbox"/> Approve
_____ Signature-Assc. Director, PhD in PT	_____ Date	_____ Printed Name	<input type="checkbox"/> Deny
_____ Signature-Director, PT Department	_____ Date	_____ Printed Name	