



Ph.D. in PT IDENTIFICATION CHAIR FORM College of Health
Sciences, Physical Therapy Department 303 East Kearsley Street, Flint,
Michigan 48502-1950
810-762-3373 • Fax: 810-766-6668
email: clarson@umich.edu

This form is intended for physical therapy faculty members who are interested in serving as a Chair or co-Chair for an applicant, should the applicant be accepted into the Ph.D. in Physical Therapy (PT) program. Faculty members should also consider their current and future workload before expressing interest.

Student name: _____ Program Name: PhD in Physical Therapy
Student E-Mail: _____ Student UMID: _____

Potential Ph.D. in PT Committee Chair

Name Printed _____ Signature _____

Physical Therapy 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.

Co-Chair printed Name Cathy A. Larson PT, PhD, Associate Director
for the PhD in PT program

6LJQDWXUH For Department Use Only

Department Title _____

Signature-Assc. Director, PhD in PT Date Printed Name _____

Signature-Director, PT Department Date Printed Name _____

Submit this form to:

The Office of Graduate Admissions as a part of
your application and to

Approve Deny