**STUDENT INFORMATION**

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| **Student’s Name:**       | **NAU ID:**        |
| **E-mail Address:**      @nau.edu  | **Phone Number:**       |
| **Enrollment Term:**        (ex. Summer 2016) | **Expected Graduation:**       (ex. Spring 2019) |
| **Advisor:**       |
| **Total Required Credits for this Degree Program:** **100-104** |
| **This is the:** [ ]  **Initial** (upon admission) [ ]  **Final** (submitted with Graduation Application) **Program of Study** |

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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P/I\*\*** |
| 1. **Required Courses (100-104 units required)**
 |
| \* | PT 510 | Foundations of Physical Therapy Evaluation  |       |       |      |    |   |       |
| \* | PT 511 | Normal Human Gait |       |       |      |    |   |       |
| \* | PT 560 | Neurosciences*Pre-req: PT 525 and PT 550* |       |       |      |    |   |       |
| \* | PT 582 | Therapeutic Exercise*Pre-req: PT 510 and PT 525* |       |       |      |    |   |       |
| \* | PT 586 | Clinical Communication  |       |       |      |    |   |       |
| \* | PT 601 | Clerkship |       |       |      |    |   |       |
| \* | PT 602 | Life Cycle I*Pre-req: PT 601* |       |       |      |    |   |       |
| \* | PT 603 | Life Cycle II*Pre-req: PT 602* |       |       |      |    |   |       |
| \* | PT 608 | Fieldwork Experience |       |       |      |    |   |       |
| \* | PT 611 | Abnormal Gait*Pre-req: PT 511* |       |       |      |    |   |       |
| \* | PT 620 | Musculoskeletal Therapeutics I*Pre-req: PT 601* |       |       |      |    |   |       |
| \* | PT 621 | Musculoskeletal Therapeutics II*Pre-req: PT 620* |       |       |      |    |   |       |
| \* | PT 630 | Cardiopulmonary Therapeutics*Pre-req: PT 601* |       |       |      |    |   |       |

Student’s Name:       NAU ID:

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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P/I\*\*** |
| \* | PT 635 | Neurophysiological Therapeutics I*Pre-req: PT 601* |       |       |      |    |   |       |
| \* | PT 636 | Neurophysiological Therapeutics II*Pre-req: PT 635* |       |       |      |    |   |       |
| \* | PT 644 | Ethics and Professionalism in Physical Therapy Practice |       |       |      |    |   |       |
| \* | PT 657 | Prosthetics and Orthotics*Pre-req: PT 620* |       |       |      |    |   |       |
| \* | PT 664 | Clinical Epidemiology and Population Health |       |       |      |    |   |       |
| \* | PT 665 | Contemporary Wellness Models in Physical Therapy Practice |       |       |      |    |   |       |
| \* | PT 668 | Physical Therapy Organization and Administration*Pre-req: PT 670* |       |       |      |    |   |       |
| \* | PT 670 | Health Care Systems |       |       |      |    |   |       |
| \* | PT 675 | Medical Therapeutics in Physical Therapy Practice*Pre-req: PT 630* |       |       |      |    |   |       |
| \* | PT 680 | Differential Diagnosis in Physical Therapy*Pre-req: PT 510, PT 525, and PT 550* |       |       |      |    |   |       |
| \* | PT 685 | Graduate Research |       |       |      |    |   |       |
| \* | PT 687 | Professional Development Seminar |       |       |      |    |   |       |
| \* | PT 689 | Capstone Project |       |       |      |    |   |       |
| \* | PT 698 | Graduate Seminar |       |       |      |    |   |       |
| 1. **Select ONE course from the following courses (4 or 5 units required):** PT 525a or PT 535b.
 |
| \* |       |       |       |       |      |    |   |       |
| 1. **Select ONE course from the following courses (3 or 4 units required):** PT 526a or PT 536b.
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| \* |       |       |       |       |      |    |   |       |
| 1. **Select ONE course from the following courses (3 units required):** PT 545b or PT 550a.
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| \* |       |       |       |       |      |    |   |       |
| 1. **Select TWO courses from the following courses (2-4 units required):** PT 672,PT 720, or PT 735..
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| \* |       |       |       |       |      |    |   |       |
| \* |       |       |       |       |      |    |   |       |

Student’s Name:       NAU ID:

**Additional Information**

a Required coursework only available at the Flagstaff Mountain Campus.

b Required coursework only available at the Phoenix Biomedical Campus.

**Signatures**

By signing below, you agree to the following statement:

*“Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan for their catalog year and adhering to all policies in the Academic Catalog.”*

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| **Student:** | **Date:** |
| **Advisor:** | **Date:** |
| **Chair** (required for Final)**:** | **Date:** |

**\*\*Transfer/Equivalent/Previous Graduate Degree** – Must have Advisor approval

Transfer T = Course transferred from another university

Previous Graduate Degree P = Course taken at NAU from previous graduate degree

Equivalent E = Course taken at NAU in place of required course

Internal Transfer I = Graduate level course taken as undergraduate; Not applied to undergraduate degree

**Transfer Credit Example:**

|  |  |  |  |  |  |  |  |  |
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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P/I\*\*** |
|  | **ABC 123** | **Fundamentals of English** | **ASU 456** | **Fall**  | **2012** | **3** | **A** | **T/ASU** |