**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:** **98-102** | |
| **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: Flag) or (PT 535 and PT 545: PBC)* |  |  |  |  |  |  |
| \* | PT 582 | Therapeutic Exercise |  |  |  |  |  |  |
| \* | PT 586 | Clinical Communication |  |  |  |  |  |  |
| \* | PT 601 | Integrated Clinical Experience |  |  |  |  |  |  |
| \* | PT 602 | Life Cycle I |  |  |  |  |  |  |
| \* | 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 510 and PT 525: Flag) or (PT 510 and PT 535: PBC)* |  |  |  |  |  |  |
| \* | PT 621 | Musculoskeletal Therapeutics II  *Pre-req: PT 620* |  |  |  |  |  |  |
| \* | PT 630 | Cardiopulmonary Therapeutics  *Pre-req: (PT 510, PT 526, PT 550, and PT 582: Flag) or (PT 510, PT 535, PT 545 and PT 58: PBC)* |  |  |  |  |  |  |

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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 510, PT 525, and PT 560: Flag) or (PT 510, PT 535, and PT 560: PBC)* |  |  |  |  |  |  |
| \* | PT 636 | Neurophysiological Therapeutics II  *Pre-req: PT 635* |  |  |  |  |  |  |
| \* | PT 644 | Ethics and Professionalism in Physical Therapy Practice |  |  |  |  |  |  |
| \* | PT 657 | Innovations and Specializations in Physical Therapy Prractice  *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: Flag) or (PT 510, PT 535, and PT 545: PBC)* |  |  |  |  |  |  |
| \* | 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. | | | | | | | | |
| \* |  |  |  |  |  |  |  |  |
| 1. **Select ONE course from the following courses (3 units required):** PT 545b or PT 550a. | | | | | | | | |
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**Additional Information**

a Required coursework only available at the Flagstaff Mountain Campus.

b Required coursework only available at the Phoenix Biomedical Campus.

In addition to all University and Graduate College policies, procedures, and requirements, graduate students must also adhere to the academic requirements, policies, procedures, and criteria outlined by their program’s Graduate Student Handbook.

**Students:**

You must secure official approval by your advisor and Department Chair/Director before submitting the final Program of Study.

By signing or entering your name 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.”*

**Advisors and Chairs/Directors:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (electronic signatures are permitted) in the space provided.

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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** |