

SCHOOL OF

GRADUATE STUDIES

MASTERS PROGRAM COMPLETION FORM – PHYSICAL THERAPY

The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information will be used to process the completion for master's pattern II & III degree programs.

STUDENT NAME:		STUDENT #:	
E-MAIL:		DEPARTMENT:	
FORWARDING ADDRESS: (Address for completion letter)			

This is to confirm the above named student has completed the requirements for the M.Sc. Physical Therapy degree and should be recommended for awarding the degree.

Program Requirements: This stream requires as a minimum the completion of 1 credit X Q L W V including a critical enquiry project.

Required Courses: PT -Tf [0160] recommended for