**STUDENT INFORMATION**

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| **Name:** | **NAU ID:** |
| **NAU E-mail Address:** | **Phone Number:** |
| **Term of Admission:** | **Expected Graduation Term/Year:** |
| **Advisor:** | **Required Credits for Degree Program: 98-102** |

**I. Required Courses (87-91 units required)**

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| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| PT 510 | Foundations of Physical Therapy Evaluation |  |  |  |  |  |  |
| PT 511 | Normal Human Gait |  |  |  |  |  |  |
| PT 560 | Neurosciences |  |  |  |  |  |  |
| PT 582 | Therapeutic Exercise |  |  |  |  |  |  |
| PT 586 | Clinical Communication |  |  |  |  |  |  |
| PT 601 | Integrated Clinical Experience |  |  |  |  |  |  |
| PT 602 | Life Cycle I |  |  |  |  |  |  |
| PT 603 | Life Cycle II |  |  |  |  |  |  |
| PT 608 | Fieldwork Experience |  |  |  |  |  |  |
| PT 608 | Fieldwork Experience |  |  |  |  |  |  |
| PT 608 | Fieldwork Experience |  |  |  |  |  |  |
| PT 611 | Abnormal Gait |  |  |  |  |  |  |
| PT 620 | Musculoskeletal Therapeutics I |  |  |  |  |  |  |
| PT 621 | Musculoskeletal Therapeutics II |  |  |  |  |  |  |
| PT 630 | Cardiopulmonary Therapeutics |  |  |  |  |  |  |
| PT 635 | Neurophysiological Therapeutics I |  |  |  |  |  |  |
| PT 636 | Neurophysiological Therapeutics II |  |  |  |  |  |  |
| PT 644 | Ethics and Professionalism in Physical Therapy Practice |  |  |  |  |  |  |
| PT 657 | Innovations and Specializations in Physical Therapy Prractice |  |  |  |  |  |  |
| PT 664 | Clinical Epidemiology and Population Health |  |  |  |  |  |  |
| PT 665 | Contemporary Wellness Models in Physical Therapy Practice |  |  |  |  |  |  |
| PT 668 | Physical Therapy Organization and Administration |  |  |  |  |  |  |
| PT 670 | Health Care Systems |  |  |  |  |  |  |
| PT 675 | Medical Therapeutics in Physical Therapy Practice |  |  |  |  |  |  |
| PT 680 | Differential Diagnosis in Physical Therapy |  |  |  |  |  |  |
| PT 685 | Graduate Research |  |  |  |  |  |  |
| PT 687 | Professional Development Seminar |  |  |  |  |  |  |
| PT 689 | Capstone Project |  |  |  |  |  |  |
| PT 698 | Graduate Seminar |  |  |  |  |  |  |

**II. Select ONE course from the following courses (4 or 5 units required):** PT 525a or PT 535b.

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| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
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**III. Select ONE course from the following courses (3 or 4 units required):** PT 526a or PT 536b.

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| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
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**IV. Select ONE course from the following courses (3 units required):** PT 545 or PT 550.

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| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
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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.

This Program of Study documents your progress on your academic requirements for the degree and catalog year listed above. For Department of Defense-related requirements, it serves as the evaluated and approved educational plan.

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 (formal digital signatures are permitted) in the space provided.

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| **Student:** | **Date:** |
| **Advisor:** | **Date:** |
| **Chair:** | **Date:** |

**\*\*Transfer/Previous Graduate Degree/Internal Transfer/Accelerated (T/P/I/A)** – Must have Advisor approval

Transfer T = Course transferred from another university

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

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