

GRADUATE STUDIES

MASTER'S 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.

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|---|--|-------------|--|
| STUDENT NAME: | | STUDENT #: | |
| E-MAIL: | | DEPARTMENT: | |
| FORWARDING ADDRESS: <i>(Address for completion letter)</i> | | | |

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 15 credits including a critical enquiry project.

Required Courses: PT-822*, PT-841*, PT-850*, PT-851*, PT-852*, PT-853*, PT-854*, PT-855*, PT-856*, PT-857*, PT-858*, PT-859, PT-861*, PT-863*, PT-864*, PT-865*, PT-881, PT-882, PT-883, PT884, PT-885, PT-898

If applicable, **approved course substitutions** for the student (not outlined under the degree requirements in current calendar), must be outlined below:

| Required Course (i.e. PT-822*) | Substituted Course | Grade |
|--------------------------------|--------------------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

The student has been examined with respect to:

| | |
|--|-------------------------------|
| | Master's Project (Pattern II) |
|--|-------------------------------|

| COMMITTEE: - Master's Project (898) | | | |
|-------------------------------------|------------|-----------|-----------|
| Examiners (Note Supervisor): | Department | Signature | PASS/FAIL |
| | | | |
| | | | |
| | | | |
| Department Head or delegate: | | | Date: |

| FOR SGS OFFICE USE ONLY: | | | |
|--------------------------------------|--|----------------------|--|
| Transcript checked by: | | Completion Date: | |
| School of Graduate Studies Approval: | | Convocation Session: | |