**PLAN OF STUDY (REQUIRED FORM)- - (November 2024)**

**­­­**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COURSES** (list in sequence by term as in the plan of study) | | | | | **SCHEDULED STUDENT CONTACT HOURS PER TERM** | | | | | **FACULTY**  CC= Course Coordinator  I=Instructor (responsible entire course)  L=Lecturer (provides instruction)  LD=Lab Director  LA=Lab Assistant  If need, classify other role(s) and explain in narrative | |
| **Year of term** (e.g., 1, 2, 3);  **Number of term** (e.g., 1, 2, 3, 4, 5) | Course prefix & Number | Course Title | Length of Course In weeks (Incl. exam week) | Credits | Classroom (e.g., lecture, seminar, tutorial) | Laboratory | Distance Education | Other (e.g., independent study) | Clinical Education | **Faculty member with primary responsibility for the course**  **Provide**  **ROLE: Name** | **Other Faculty who participate in the course (see instructions for which faculty to include)**  **Provide**  **ROLE: Name** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

© 2025 American Physical Therapy Association. All rights reserved.