

RADFORD UNIVERSITY

Department of Physical Therapy

Doctor of Physical Therapy Program Handbook Review Sheet

I have read and have been provided an opportunity to ask questions about the materials within this handbook.

I comprehend the materials presented in this Student Handbook.

Student Name (PRINT)

**Student's Signature
Date**

Witness (PRINT)

**Witness's Signature
Date**

This page is to be returned to the Department Chairperson/Program Director.