



Department of Physical Therapy  
670 North Commercial St, Suite 301  
Manchester, NH 03101  
(603) 647-3550  
dptprogram@live.franklinpierce.edu

## Acceptance Agreement

Instructions: Please (X), the box next to the appropriate statement below, sign and return this contract by the date noted in your acceptance letter. If your plans change and you are unable to enroll in and attend the Physical Therapy Program at Franklin Pierce University, please notify the College of Health and Natural Sciences ATT: DPT program in writing.

Return this signed copy to: Franklin Pierce University, College of Health and Natural Sciences, ATTN. DPT Program – AZ. 670 North Commercial St., Suite 301, Manchester, NH 03101

NAME: \_\_\_\_\_

I do  I do not  accept the placement offered to me at Franklin Pierce University in the Doctor of Physical Therapy Program as a physical therapist (DPT) Student at Goodyear, AZ.

1. I must notify the College of Health and Natural Sciences immediately of any address or name changes.
2. My acceptance may, at the discretion of the Dean, Chair or Director, be withdrawn if I fail to maintain division and/or program standards.

This program is a full-time course of study with classes and labs scheduled between 8:00 a.m. and 5:30 p.m. I must be available for any lab section to which I am assigned. My inability to successfully complete a course in its sequenced timeframe will prohibit my completion of the program in the expected scheduled semester. This course of study includes 3 full time 40 hr. week clinical rotations (38 wks.) that may necessitate out of state re-location for 8 to 10 weeks at a time. Additional details about the DPT program standard and policies can be found in the DPT Student Handbook on the Franklin Pierce website. Note: This Handbook is updated each summer in preparation for new student cohort arrival.

### IMPORTANT! PLEASE COMPLETE THIS SECTION:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Please Type or Print Neatly) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_

Please retain a copy of this completed form for your records.

\*Social Security Numbers are used for verification purposes only and are not disseminated by the University without your permission.