

**University of Nevada, Las Vegas
School of Allied Health Sciences
Department of Physical Therapy**

Student: _____

Date: _____

Transitional DPT Program 2007-2009
Advising Sheet

Summer Offering 2007 (5 weeks- Session II)			
Course Number and Title	Transfer Credit	Credit Hrs	Credit
TOTALS:			

Summer Offering 2008 (5 weeks- Session II)			
Course Number and Title	Transfer Credit	Credit Hrs	Credit
TOTALS:			

Fall Offering 2007			
Course Number and Title	Transfer Credit	Credit Hrs	Credit
TOTALS:			

Fall Offering 2008			
Course Number and Title	Transfer Credit	Credit Hrs	Credit
TOTALS:			

Spring Offering 2008			
Course Number and Title	Transfer Credit	Credit Hrs	Credit
TOTALS:			

Spring Offering 2009			
Course Number and Title	Transfer Credit	Credit Hrs	Credit
TOTALS:			

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