

**MARQUETTE UNIVERSITY**  
**Physical Therapy Undergraduate Degree Completion Form**

I certify that \_\_\_\_\_  
Student's name

Has a workable plan of intent to complete his/her bachelor's degree by  
\_\_\_\_\_ \* with a major of  
date

\_\_\_\_\_ if he/she successfully  
list major

completes the course of study as identified in his/her academic plan.

*\* The undergraduate degree must be completed prior to the start of the final year of the program.*

\_\_\_\_\_  
Signature of Adviser

\_\_\_\_\_  
Date

**Applications due February 1.**

Return this form to the Department of Physical Therapy  
Schroeder Complex Room 346  
or fax to (414) 288-5987

