

**Doctor of Physical Therapy (DPT) Program  
Acknowledgement of Receipt of Handbook**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge receipt of the UWSP DPT Student Handbook

**Print Name**

on **\_\_\_\_\_\_\_\_\_\_.**

**Date**

I certify I have read and understand the Handbook.

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**