

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**