

Essential Functions of Physical Therapy

I, _____ (please print your full name)
have read and understand the purpose and guidelines of the “Essential Functions of Physical Therapy” which can be found at:
USciences.edu/PTEssentialFunctions.

I understand that successful completion of the Physical Therapy Program is contingent upon my ability to perform the skills,
with or without accommodations, listed in the Essential Functions Document.

I understand that if an accommodation needs to be requested, I must assume the responsibility to contact the Assistant Dean
in the Division of Student Affairs prior to the initiation of any academic and/or clinical experiences.

I understand that reasonable accommodations in the academic setting and reasonable accommodations in the clinical setting differ.

Once admitted and enrolled at University of the Sciences, I understand that an academic advisor will be appointed. If I have
any questions following enrollment, I should contact the Chair of the Physical Therapy Program or my academic advisor.

Signature

Today's Date

Home Address

City

State

Zip

Date of Birth

PLEASE RETURN TO:

University of the Sciences
Attn: Academic Advising Center
600 South 43rd Street
Philadelphia, PA 19104

QUESTIONS?

Contact Dr. Lora Packel, Chair of the Department of Physical Therapy, 215-596-8678 or l.packel@uscience.edu.