



**BREAKDOWN OF HOURS FOR EACH COURSE FORM** *(to be completed by the educational institution only)*

Please provide the breakdown of hours for EACH course. This information should include the total number of:

1. **theoretical** (i.e., classroom/teaching) hours
2. **laboratory** (i.e., hands-on training in biological and physical sciences; simulated learning completed in a classroom/laboratory setting with models/students; community outreach programs) hours
3. **internship** (i.e., care of actual patients in a hospital and/or clinical setting, while being supervised and assessed (i.e., graded) by a licensed physical therapist) hours.

Name of student: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Hours verified by (name): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Affix school seal here.

Please print or type.

Course Number	Title of the Course on the Transcript	Total Theoretical Hours	Total Laboratory Hours	Total Internship Hours





