

Appendix K: Receipt of Handbook

BELLARMINE UNIVERSITY PHYSICAL THERAPY PROGRAM RECEIPT OF HANDBOOK

I, the Undersigned, have received a copy of the Bellarmine University Student Handbook and the Physical Therapy Student Handbook. I understand that I am responsible for the content of both. If I have any questions I may ask my academic faculty advisor in the Physical Therapy Program. I understand that I will need these handbooks during the entire course of study in the Physical Therapy Program.

PRINT Name

Student ID #

Signature

Date

Occasionally, student organizations, recruiters and other interested parties may request addresses and/or phone numbers of the physical therapy students. If you **DO NOT** want this information released to interested parties, PLEASE SIGN BELOW.

“I DO NOT want my name, address or phone number released to student organizations, recruiters or other interested parties.”

Signature

Date