



**Zuckerberg College of Health Sciences**  
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### Clinical Observation Form

This is to certify that \_\_\_\_\_ has  
completed \_\_\_\_\_ hours of volunteer or paid (*please circle one*) experience in physical  
therapy at \_\_\_\_\_  
from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Phone/email address

Please submit completed form along with your application to:

*The University of Massachusetts Lowell  
Office of Graduate Admissions  
Cumnock Hall, Suite 110  
One University Avenue  
Lowell, MA 01854-3931*

<https://www.uml.edu/grad/>

Fax: 978-934-4058

Email: [Graduate\\_Admissions@uml.edu](mailto:Graduate_Admissions@uml.edu)