



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