

**Important reminders:**

a. GRE scores are sent directly to the Department. You must request for an official copy to be sent to California State University Dominguez Hills, Department of Occupational Therapy (GRE: School Code 4098; Dept Code 0618). Note: You should upload an unofficial copy of your GRE scores in case your official copy gets deferred. You should also add proof that you have requested for a copy to be sent to the Department, if CSUDH is not one of the institutions indicated in the copy of your score included in the packet.

b. Be sure to remind those persons you have asked for letters of recommendations to complete before the September 15 deadline.

c. **Make sure you fill in all items on the MSOT Application Checklist and MSOT Application Form as accurately as possible. These forms will be used by the Admissions Committee and unclear and inaccuracies may delay the processing of your application.**

**MSOT APPLICATION CHECKLIST**

<b>Name:</b>	<b>Date:</b>	<b>Semester/year of Application:</b>
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Item	Requirements	✓				
			<b>Official Score sent to OT Dept (yes/no)</b>	<b>Date Completed</b>	<b>Combined Score</b> (minimum <u>140 Quant &amp; 146 Verbal</u> )	<b>Analytic Writing Score</b> (minimum of 4)
1	GRE (within 5 years) with copy of unofficial record in packet (✓)					
2	<b>Degree Requirement:</b>		<b>Major</b>	<b>Date Completed</b>	<b>GPA</b>	<b>Institution</b>
	BS/BA Degree with official transcript					
3	<b>Prerequisite Courses</b> (3 semester units each) taken within last 10 years with official transcripts		<b>Course #</b>	<b>Date Completed</b>	<b>Grade</b>	<b>Institution</b>
a.	Developmental Psychology (Across the Life Span)					
b.	Abnormal Personality or Abnormal Psychology					
c.	Human Anatomy with Lab					
d.	Human Physiology with Lab					
e.	Statistics					
f.	Medical Terminology					
4	Verification of Observation (proof of at least 80 hours or completion of Intro to OT Workshop)		<b>Date Completed</b>	<b>Name of Reference</b>	<b>Facility or Institution of Reference</b>	<b>Number of Hours Completed</b>

# MSOT Program Application Form

Must Be Typed

1. Name: \_\_\_\_\_, \_\_\_\_\_ Student ID# \_\_\_\_\_  
(Last) (First)

Note: Student ID number is sent to applicant few days after completion of CAL STATE Apply University application by the CSUDH Admissions and Records Office. If not available upon application, leave it blank.

2. Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

3. Phone: H ( ) \_\_\_\_\_ C ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

4. Citizenship: \_\_\_\_\_ California Veteran: yes ☐ no ☐

5. Post Secondary Education: *Please document beginning with most recent College/University attended.*

Name of College/University	Date(s) Attended	Units/Degree Earned	GPA
<i>a.</i>			
<i>b.</i>			
<i>c.</i>			
<i>d.</i>			
<i>e.</i>			

6. Relevant Work Experience:

Position	Company/Institution	Date of Employment
<i>a.</i>		
<i>b.</i>		
<i>c.</i>		

7. Verification of References: (List contact information of individuals who provided letters of recommendation)

	<b>Name</b>	<b>Position/Title</b>	<b>Facility/Institution</b>	<b>Telephone/Contact Info</b>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____

8. Extra – Curricular Activities (e.g clubs/organizations, accomplishments, other volunteer, special interest)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant must certify by signature below:**

I have read the Graduate Studies section of the University Catalog and understand and agree to the policies and procedures including the requirements, that if I am accepted, I will have to proceed in a cohort, taking all course work in the sequence offered. Furthermore, I understand that any credit earned in this program may or may not be accepted into another accredited program. Finally, no fees or expenses are refundable. By signing below, I understand and agree to all of the stipulations, policies and procedures associated with this program.

\_\_\_\_\_  
(Signature) (Date)

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_