OCCUPATIONAL THERAPY APPLICATION CHECKLIST

Important reminders:

a. You must request for an official copy of GRE scores sent directly to California State University Dominguez Hills, Department of Occupational Therapy (GRE: School Code 4098; Dept Code 0618). In addition, you should upload an unofficial copy of your GRE scores in case your official copy gets deferred. If your unofficial copy did not indicate our Department as one of the Designated Score Recipients, please also upload the receipt of your current request for an official copy sent to our Department.

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

c. Make sure you fill in <u>all items</u> on the OT Application Checklist and Application Form as accurately as possible. These forms will be used by Admissions Committee during a preliminary review. Unclear and inaccurate information may result in delays of your application review.

Name:	Date:

Applying for ☐ **MSOT** (Spring enrollment)   ☐ **OTD** (Summer enrollment)   ☐ **Both*** (see NOTE below)

Item	Requirements	√	Official Score sent to OT Dept (yes/no)	Date Completed	Combined Score (minimum 140 Quant & 146 Verbal)	Analytic Writing Score (minimum of 4)
1	**GRE** (within 5 years) with copy of unofficial record in packet (√)					
2	**Degree Requirement:**		**Major**	**Date Completed**	**GPA**	**Institution**
	BS/BA Degree with official transcript					
	MS/MA Degree with official transcript (optional & if applicable)					
3	**Prerequisite Courses** (3 semester units each) taken within last 10 years with official transcripts		**Course #**	**Date Completed**	**Grade**	**Institution**
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 a minimum 80 hours or completion of *Foundations of OT* workshop)		**Date Completed**	**Name of Supervisor**	**Facility or Institution**	**Number of Hours Completed**

* NOTE: Your checking off "Applying to Both Programs" helps us keep track of applicants' dual-application attempts. However, you MUST send your applications separately for each program by its distinct deadline.

OCCUPATIONAL THERAPY 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
a.			
b.			
c.			
d.			
e.			

6. Relevant Work Experience:

Position	Company/Institution	Date of Employment
a.		
b.		
c.		

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

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

8. Extracurricular 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 coursework 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: _____