

Important reminders in completing the Application Packet:

- a. Please make sure that each item listed on the checklist has accompanying documentation.** Please make it your responsibility to ensure that your application is complete.
- b. Transcripts and letters of recommendation should be placed in the packet instead of being sent directly to the Department as separate documents. This expedites the processing of your application and lessens the chances of documents being lost or deferred in the mail. Just make sure that documents remain sealed and stamped/signed on the flap for it to be considered official.
- c. 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 place an unofficial copy of your GRE scores in the packet in case your official copy gets deferred in the mail. 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.
- d. Be sure to remind those persons you have asked for letters of recommendations to complete them on facility letterhead stationery.
- e. The checklist below is a guide for you to follow to ensure that you have completed the necessary documents to be included in your application packet. Unfortunately, those files that are incomplete due to missing documents or forms will not be prioritized for admission review.

Make sure you fill in all items on the checklist as accurately as possible- unclear and inaccurate checklists makes it more difficult to process your application file.

APPLICATION PACKET CHECKLIST

Name:	STUDENT ID#	Semester/year of Application:
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Check off "✓", if enclosed; fill in all information accurately

Item	✓	Required Forms/Certificates
1		APPLICATION PACKET CHECKLIST
2		Application to the MSOT Program Form
3		Certificate of Attendance to OT Information Session
4		Proof of Completion of application for CSUDH Graduate Admission through Cal State Apply

Item	Requirements	✓				
			Official Score sent to OT Dept (yes/no)	Date Completed	Cumulative Score <small>(at least 800 or 140 Quant & 146 Verbal)</small>	Analytic Writing Score (minimum of 4)
5	GRE (within 5 years) with copy of unofficial record in packet (✓)					
6	Degree Requirement:		Major	Date Completed	GPA	Institution
	BS/BA Degree with official transcript (1 copy)					
7	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					
8	3 Letters of recommendations: placed in packet (✓)		Date Completed	Name of Reference	Facility or Institution of Reference	Relationship
	1st from OTR who supervised volunteer experience or other if applicant completed OTR 410					
	2nd Recommendation Letter					
	3rd Recommendation Letter					
9	Verification of Observation (proof of at least 80 hours or completion of OTR 410-Intro to OT)		Date Completed	Name of Reference	Facility or Institution of Reference	Number of Hours Completed

Application to the MSOT Program

Must be Legible: Printed or Typed

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

Note: Student number is sent to applicant few days after completion of CAL STATE Apply University application by CSUDH Admissions and Records Office

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. 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: _____