

University of South Alabama Occupational Therapy Doctorate Program

SUPPLEMENTAL APPLICATION

For Enrollment in Fall 2025 Submitted in OTCAS

University of South Alabama • Department of Occupational Therapy

5721 USA Drive North, Room 2027 • Mobile, AL 36688-0022

Phone: (251) 445-9222 • Fax: (251) 445-9211 • otadmissions@southalabama.edu



IDENTIFICATION INFORMATION

Female

Male

Birthdate (mm/dd/yy) ____ / ____ / ____

Full Name Last Name First Name Middle Name

Current Address Street/P.O. Box City State Zip Code

Preferred Telephone (____) ____ Alt. Telephone (____) ____

Email Address Our main mode of communication with applications is by email, and it is the applicant's responsibility to maintain a functioning email account, to check it frequently, and to alert the department should it change. By checking this box, you affirm that you have read and agree to the above statement. Yes

Legal State of Residency Legal County of Residency

Permanent Address Street City State Zip Code

Are you a US citizen? Yes No? If not, what is your current visa status?

Are you a veteran? Yes No? If yes, Vet. File Number Vet. Type:

Have you ever attended this University? Yes No If yes, USA Student Number: J

Have you previously applied to this OT program at USA? Yes No

Have you submitted your OTCAS application? Yes No

If yes, what is your OTCAS ID #?

Please indicate the date, degree program, and university for completion of your bachelor's and/or master's degree.

Have you been subjected to disciplinary action at or dismissed from any school? Yes No

Have you ever been charged with a criminal offense (either misdemeanor or felony)? Yes No

If the answer to either of the last two questions above is yes, append a written explanation.

EDUCATION INFORMATION

List information below for each institution you attended. Applicants may not disregard any part of their educational history, and failure to report all institutions previously attended may cause for cancellation of the admission process or for dismissal from the University.

| Institution | City/State | Dates Attended | Curriculum/Major | Degree Received |
|-------------|------------|----------------|------------------|-----------------|
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PREREQUISITE COURSES COMPLETED/CURRENTLY ENROLLED

List only one course for each. Choose courses that transfer as the equivalent USA course.

Applicants must have at least three completed courses at time of application. In process courses will be recorded as in process IP! " be'sure to complete academic updates in OTCAS with final grades.

| Course Name | Course Title & Number | Institution | Grade Lecture/ Lab | Total Credit Hours | Semester and Year Completed |
|---|-----------------------|-------------|--------------------|--------------------|-----------------------------|
| Developmental Psychology (life span) (USA PSY 250) | | | | | |
| Abnormal Psychology (USA PSY 340) | | | | | |
| Statistics (USA ST 210) | | | | | |
| Anatomy & Physiology I (USA BMD 251) | | | | | |
| Anatomy & Physiology II (USA BMD 252) | | | | | |
| Kinesiology (biomechanics) (USA KIN 380) <i>preferred</i> OR Physics with algebra/trigonometry (USA PH 114) | | | | | |

PREREQUISITE COURSES

To be completed by July 31, 2024

| Course Name | Course Title & Number | Institution | Grade Lecture/ Lab | Total Credit Hours | Semester and Year of Course |
|-------------|-----------------------|-------------|--------------------|--------------------|-----------------------------|
| | | | IP | | |
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BONUS COURSE

A Bonus Course is not required, but if completed, applicants will receive extra points. Only course with a grade of an "A" or "B" is accepted. Please do not include a course already listed under PREREQUISITE COURSES COMPLETED.

| Course Name | Course Title & Number | Institution | Grade | Total Credit Hours | Semester and Year of Course |
|--------------------|-----------------------|-----------------------------|-------|--------------------|-----------------------------|
| Intro to OT | OT 201 | University of South Alabama | | | |

I certify that all the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I know and understand that any or all items contained herein may be subject to verification and I consent to the full release of all information concerning my capacity and fitness for the educational program by employers, educational institutions and other agencies. Furthermore, by submitting this application I agree to abide by the policies and procedures as established by the University.

Signature

Date