



SUPPLEMENTAL APPLICATION

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 applied to other OT programs for this admission year? Yes No

Have you submitted your OTCAS application? Yes No

If yes, what is your OTCAS ID #?

If no, when do you plan to do so?

Have you requested GRE scores be sent to OTCAS (Code 2109)? Yes No

List date(s) you took the GRE:

If you have not taken the GRE, when do you plan to do so?

Official GRE scores must be submitted directly to OTCAS by December 1st. (Institution Code 2109).

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

PREREQUISITE COURSES COMPLETED

List only one course for each. Choose a course with the highest grade. Only courses with a grade of a "B" or higher are accepted.

Course Name	Course Title & Number	Institution	Grade Lecture/ Lab	Total Credit Hours	Year Completed
Developmental Psychology (life span)					
Abnormal Psychology					
Statistics					
Anatomy & Physiology I					
Anatomy & Physiology II					
Kinesiology (biomechanics) <i>preferred</i> OR Physics with algebra/trigonometry					

BONUS COURSES COMPLETED

List only one course for each. Bonus course are not required, but if completed, applicants will receive extra points. Only courses with a grade of an "A" or "B" are accepted. Please do not include courses already listed under PREREQUISITE COURSES COMPLETED.

Course Name	Course Title & Number	Institution	Grade	Total Credit Hours	Year Completed
Anatomy or Physiology (300/3000 level or higher)					
Diversity Studies/Cultural Anthropology					
Exercise Physiology					
Gerontology					
Adult Development					
Kinesiology (biomechanics) OR Physics <i>(dual credit is <u>not</u> given for the prerequisite course)</i>					

PREREQUISITE COURSES NOT YET COMPLETED

Course can be in progress as long as they are completed before December 15th.

Course Name	Course Title & Number	Institution	Grade Lecture/ Lab	Total Credit Hours	Year Completed
			IP		
			IP		
			IP		

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