

Master of Science in Occupational Therapy Admissions Application

PLEASE PRINT, FILL OUT AND SUBMIT THIS APPLICATION

VIA EMAIL: ERIEPMA@STANBRIDGE.EDU

OR FAX: 877-752-8234

PLEASE FILL OUT THE NECESSARY INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip/Postal Code: _____ Gender: Male Female

Phone: _____ Email: _____ Birth Date: _____

How did you hear about us?: _____

PLEASE COMPLETE THIS CHECKLIST WITH ALL AVAILABLE INFORMATION - INDICATE "UA" FOR ITEMS UNAVAILABLE AT THIS TIME

Item:	Description:	GPA	Major	Institution	Date Completed	Expected Date of Completion
1	Proof of completion of baccalaureate degree or its equivalent from an accredited university with a preferred minimum cumulative GPA of 3.0 or higher.					
	Applicants who have earned their baccalaureate degree from an institution of higher education in a non-English speaking country must provide an official transcript of record demonstrating proficiency in English. For this purpose, applicants must obtain the minimum score on one of the following examinations: TOEFL Exam, Step Eiken Test, Kaplan English, American Language Program (UCLA Extension), AOl College of Languages, GEOS English Academy.	Please list exam name & score:				
		Exam Name:				
	Score:					
Item:	Description:	Score for Quantitative	Score for Verbal	Score for Analytical Writing	Date Completed	Expected Date of Completion
2	An official Graduate Record Exam (GRE) report with quantitative, verbal, and analytical scores.					
Item:	Prerequisite Courses: (Within The Last 5 Years)	Grade	Course Number	Institution	Date Completed	Expected Date of Completion
3	a. Human Anatomy with lab					
	b. Human Physiology with lab					
	c. Human Anatomy & Physiology with lab					
	d. Abnormal Psychology					
	e. Lifespan Development of Developmental Psychology					
	f. Introduction to Statistics					
	g. Anthropology or Sociology					
Item:	Description:	Total Hours Completed:	Please List The Following References:		Date Completed	Expected Date of Completion
4	A minimum of thirty (30) hours of documented volunteer experience of observation in an occupational therapy-related or other health care setting. At least sixteen (16) of the thirty (30) total hours must be in direct observation of an Occupational Therapist Registered/Licensed (OTR/L) in a practice setting		Name:			
			Facility or Institution:			
5	Three letters of recommendation from faculty members, therapists, and employers					
6	Application essay: Please provide a typed essay (600 words) responding to the following: please describe how you made the decision to apply for the Master of Science in Occupational Therapy program incorporating significant experiences, values, and beliefs that contributed to this decision. Please indicate why you would think you would be an effective occupational therapist.					
7	Interview (To be scheduled with Admissions Representative)					

I certify that all information contained in this application and attachments are factually correct and complete. I understand that the omission or misrepresentation of any information, including enrollment in other colleges or universities, may void my admission or result in dismissal.

Signature: _____

Date: _____

After submission of this MSOT online application, an Admissions Representative will contact you within 24 hours to continue the admissions process



Stanbridge College