University of South Alabama Occupational Therapy Doctorate Program
SUPPLEMENTAL APPLICATION
For Enrollment in Fall 2024 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

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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

PREREQUISITE COURSES COMPLETED/CURRENTLY ENROLLED

List only one course for each. Choose courses that transfer as the equivalent USA course.
Only courses with a grade of a "B-" or higher are accepted. Applicants must have at least four 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	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) *preferred* OR Physics with algebra/trigonometry (USA PH 114)					

PREREQUISITE COURSES

To be completed by May 30, 2024
Must achieve grade "B-" or higher

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

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

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