

**MASTER OF OCCUPATIONAL  
THERAPY PROGRAM  
GRADUATE ADMISSION APPLICATION**

**Saint Francis University  
Department of Occupational Therapy  
Raymond Hall  
PO Box 600  
Loretto, PA 15940  
(814) 472-3899  
FAX (814) 472-3950  
[www.francis.edu/ot](http://www.francis.edu/ot)**



# Master of Occupational Therapy Graduate Admissions Application

## Instructions

1. Return completed application with the **\$30 (non-refundable) application fee** to the above address. Make check payable to **Saint Francis University**.
2. Request **official transcripts** from all baccalaureate and post-baccalaureate institutions attended. Transcripts must be submitted to the above address in sealed envelopes, or they will not be considered official.
3. Submit the **Documentation Form for Occupational Therapy Observation Volunteer/Paid Employment Experience**. Saint Francis University requires a minimum of fifty (50) hours in two different occupational therapy settings with a minimum of ten (10) hours in each. This form may be copied as needed.
4. Submit a brief **typed essay** (300 words or less) describing your personal characteristics as well as any related life experiences that make you a good candidate for admission to the MOT program.
5. Submit three professional recommendations (two from occupational therapists and one other) using the **Professional Recommendation Forms** provided. These recommendations must be submitted to the Admissions Committee directly from the references in sealed envelopes.
6. Submit the completed **Prerequisite Check-off Form** provided in the application packet.
7. Submit the completed **Current Course Enrollment Form** provided in the application packet.

## Please complete:

<b>Last Name Maiden Name</b>	<b>First Name Other</b>	<b>Middle Initial</b>
<b>Social Security Number</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>
<b>Mailing Address: City</b>	<b>State</b>	<b>Zip Code</b>
<b>Permanent Address: City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone</b>	<b>Cell Phone</b>	<b>e-mail</b>

Citizenship:     U.S. Citizen                       U.S. Permanent Resident                       Other

Visa Type

If other, Country of Citizenship:

Applying to Start:      Summer – Year:

## Occupational Therapy Assistants

Have you successfully completed an Occupational Therapy Assistant Program?     Yes     No

Professional School:

Date Completed:

### Academic History

Please list all colleges and universities you have attended regardless of whether or not you finished a degree program, beginning with the most recent. One official transcript from each of these institutions must be submitted. If you are currently completing your bachelor’s degree, please list the institution, state the degree you are pursuing and month and year you anticipate completion.

Name of Institution	Location (City, State)	Area of Study	Dates Attended	Degree Awarded

### Racial/Ethnic Background

*This information is for statistical purposes only and has no bearing on admission to the University. Response is optional.*

- Caucasian       African American       Non-Resident Alien       Native American or Alaskan Native  
 Puerto Rican       Mexican-American       Asian/Pacific Islander       Other Latino/Hispanic

### International Students

International applicants must satisfy scores from the Test of English as a Foreign Language (T.O.E.F.L.). Applicants whose native language is English are exempt from this requirement. International students must send their transcripts to an international agency where the transcripts will be converted to the American academic scale. International applicants must also submit an affidavit of financial support after acceptance to the University. Instructions about this disclosure may be obtained by calling the Office of Admissions at 866-342-5738. International students should apply for admission and the required testing well in advance in order to ensure evaluation of their credentials in a time frame which is equitable to themselves and the Admissions Committee.

T.O.E.F.L. Score: \_\_\_\_\_

### Signature of Applicant

I certify that the information provided by me is accurate and complete to the best of my knowledge and understand that all records become the property of Saint Francis University and cannot be returned to the applicant nor forwarded to a third party.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

STATEMENT OF NON-DISCRIMINATION: Saint Francis University, an equal opportunity/affirmative action employer, complies with applicable federal and state laws regarding non-discrimination and affirmative action, including Title IX of the Educational Amendments of 1972, Title VI and Title VII of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973. Saint Francis University is committed to a policy of nondiscrimination and equal opportunity for all persons regardless of race, gender, color, religion, national origin or ancestry, age, marital status, disability, or Vietnam-era veteran status, in employment, education programs and activities, and admissions. Inquiries or complaints may be addressed to the University’s Director of Human Resources/Affirmative Action/Title IX Coordinator, Saint Francis University, Loretto, PA 15940 (814) 472-3264. For other University information, call (814) 472-3000. Revised: January 1, 2001

Send completed application, along with payment to:

**Ms. Amy Hudkins, MHS, COTA/L**  
**Graduate Admissions Coordinator for the Department of Occupational Therapy**  
**Saint Francis University**  
**P.O. Box 600**  
**Loretto, PA 15940**