

## Application for the Professional Master of Science Program in Occupational Therapy

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Panther ID: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address (All correspondence will be sent to this address):

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of Birth (*mm/dd/yyyy*): \_\_\_\_\_ Gender (*male/female*): \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Nation of Citizenship: \_\_\_\_\_

Ethnicity: [Optional; information is used for program accreditation and for reporting to federal agencies when applying for federal scholarships and grants.]

	<i>White (not of Hispanic origin)</i>
	African American/Black (not of Hispanic origin)
	American Indian/Alaskan Native
	Asian/Pacific Islander
	Hispanic/Latino
	Other (specify)

Highest Degree Earned: \_\_\_\_\_ Date (*mm/yyyy*): \_\_\_\_\_

Major : \_\_\_\_\_

Completed and in Progress Pre-requisite Courses:

Subject Area	Course Title	Course Number	Where Taken	Year	Credit	Grade	Office Use
Abnormal Psychology							
Human Growth And Development							
Statistics							
Biology and Lab*							
Physiology *							
Anatomy 3000 Level							
Anatomy Lab 3000 Level							
Pathology							
Medical Terminology							
Neuroscience 3000 Level**							

\*- Anatomy and Physiology I and II with lab meet with the Biology **AND** Physiology requirements

\*\*- Can be taken while in the OT program

**Please include the following documents:**

- Your resume
- A statement of professional and educational goals
- 3 letters of reference of from professional or educational source

## Certification Statement

I understand that this application is for admission to the Professional Master of Science Program of the Occupational Therapy Department at Florida International University. I agree to the release of any transcripts, student records, and test scores to this institution. I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application or residence statement may result in disciplinary action, denial of admission and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies of the Board of Governors, the rules and regulations of the university and the department. Should any of the information I have given change prior to my entry to the university, I shall immediately notify the Department of Occupational Therapy. I also understand that, even if I am admitted, I may be dismissed from the program if I fail to maintain high standards of academic performance, personal integrity, and behavior. I am also aware that I will be subject to background checks and drug screening as a requirement for progression to clinical internship placement.

If there is anything in your past history that would be present on a background check or drug screening, it may prohibit you from entering clinical placement and thereby put you at risk for not completing the FIU Occupational Therapy Program.

Student's Signature (*do not type*)

Date

Mail to: Department of Occupational Therapy  
Florida International University  
University Park  
HLS 248  
11200 SW 8th St  
Miami, Florida 33199