



MS in Occupational Therapy Application Instructions

ADMISSIONS INFORMATION

IMPORTANT INFORMATION ABOUT PREREQUISITES—Please read carefully

We understand that some applicants may need to meet prerequisites for occupational therapy. If you are unsure if you meet the prerequisite requirements (*see list below*), please contact the graduate admissions office as soon as possible to arrange for a transcript review. We will be happy to review your coursework and experience and advise you as to what coursework you may need to take. (*See contact information below*).

As the MS OT programs (day and weekend) both start in the fall only, it is important for you to get a transcript evaluation well ahead of time so that you can plan to take prerequisite coursework as soon as possible.

NOTE: We encourage you to apply early EVEN IF YOU HAVE NOT COMPLETED PREREQUISITE COURSEWORK AND/OR OBSERVATION HOURS. However, you cannot start the OT program until all prerequisite coursework and observation hours are complete. If you do need to take prerequisite courses, we can accept you conditionally but you must show us an outline of when and where you will be taking the courses and complete them successfully with a grade of “C” or better in each before the start of the Fall semester you wish to attend.

MS in Occupational Therapy Prerequisite Courses

Anatomy and Physiology I (with lab)
Anatomy and Physiology II (with lab)
Introduction to Sociology or Diversity
A course in human development
An anthropology course in cultures, health or healing
An applied anatomy course
A course in biomechanics/kinesiology
A course or familiarity with medical conditions & terminology
A course in general psychology
A course in abnormal psychology
A course in statistics
A course in research methods

For a transcript review or questions about prerequisite coursework, please contact:

John Rowe
Graduate Admissions Director
Utica College
1600 Burrstone Road
Utica, NY 13502

Phone: 315-792-3010
Email: jrowe@utica.edu

Canadian Students: If you choose to do clinicals in Canada, there is an additional fee charged by National Field Placement Services for students who attend programs in the US. You will be responsible for paying this fee as it is not part of your tuition. For more information: National Field Placement Services, ATTN: Connie Roffey, Fieldwork Placement Coordinator Ph: 1 866 294 5160. Email: connie@megram.com. Canadian students also need to submit official proof of funds to study at Utica College in order to receive a student VISA .

All Other International Students: Students from all other countries (except Canada) should have all transcripts and degrees officially evaluated by a reputable accrediting agency such as WES (www.wes.org). Non-native speakers of English need to take the TOEFL test (www.ets.org) and earn a minimum score of 550 on the paper based examination or a minimum score of 213 on the computer-based examination. Prospective international students will also need to submit a proof of funds with an international student financial statement and third party verification.

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UTICA COLLEGE Graduate Application for the MS in Occupational Therapy

Applying for Fall (year) _____ Do you want to attend: Full-Time Day (Mon-Fri) _____ or Weekend _____

Applications must include:

- Official transcripts from all undergraduate and graduate institutions attended*
- Two letters of recommendation (*Use forms in application*)
- Application fee of \$50
- Personal Statement
- Letters of support indicating a total of 25 hours of volunteer work experience with an occupational therapy practitioner in a minimum of two different occupational therapy settings.

Return this application, along with all required documentation and a check or money order for \$50 US (payable to Utica College) to: **Office of Graduate Admissions, Utica College, 1600 Burrstone Road, Utica, NY 13502**

Name _____ Sex: ___ M ___ F
Last First MI

Former last name (*if applicable*) _____

Address _____

City _____ State or Province _____ Postal Code _____ Country _____

Main telephone _____ Secondary or Work telephone _____

Email address _____ Date of Birth: Month ___ Day ___ Year ___

Social Security Number (Optional) _____ Citizenship: US Citizen Permanent Resident Other _____

Are you a veteran of the US Armed Forces? Yes No If yes, date of entry into the service _____

How did you first hear about graduate programs at Utica College?

- ___ Website/email from an admissions counselor
- ___ A graduate fair at _____
- ___ My school has an articulation agreement with Utica College
- ___ Newspaper
- ___ Radio
- ___ Direct mail
- ___ UC Alumni
- ___ An employer
- ___ A colleague/friend
- ___ Other _____

The following item is optional. No information you provide will be used in a discriminatory manner.

Are you Hispanic or Latino? ___ YES ___ NO

Regardless of your answer to the prior question, please check **ONE OR MORE** of the following groups in which you consider yourself to be a member:

- ___ American Indian or Alaskan Native
- ___ Asian
- ___ Black or African American
- ___ Native Hawaiian or Other Pacific Islander
- ___ White

*Official transcripts must be sent separately to this office from issuing institution in a sealed, signed envelope. The applicant may also provide official transcripts to this office in a sealed, signed envelope from the issuing institution. Students who attended institutions outside of the US and Canada may need to have their transcripts evaluated by an accrediting agency such as WES. (www.wes.org)

Please be very accurate with information. Utica College verifies information in all applications.

Work Experience

Please list the jobs you have held in the past seven years (most recent first) or attach a recent resume.

Employer _____ Dates of Employment: From _____ to _____

Street address _____

City _____ State _____ ZIP _____ Phone _____

Job title _____ Name of Supervisor _____

Description of Duties:

Employer _____ Dates of Employment: From _____ to _____

Street address _____

City _____ State _____ ZIP _____ Phone _____

Job title _____ Name of Supervisor _____

Description of Duties:

Employer _____ Dates of Employment: From _____ to _____

Street address _____

City _____ State _____ ZIP _____ Phone _____

Job title _____ Name of Supervisor _____

Description of Duties:

Employer _____ Dates of Employment: From _____ to _____

Street address _____

City _____ State _____ ZIP _____ Phone _____

Job title _____ Name of Supervisor _____

Description of Duties:

Attach additional sheets if necessary.

Personal Statement

Please answer the following question in the space below or attach a word processed answer on a separate sheet of paper. Be sure to read the statement at the bottom of this page and sign the statement below.

Discuss how the master's degree in occupational therapy will assist you in meeting your personal and professional goals relating to the therapeutic environment. Include a reflective summary of your volunteer/observation/work experiences along with your interactions with occupational therapy personnel and clients.

Please read carefully, sign and date.

I understand that withholding information in this application or giving false information in my answers may make me ineligible for admission to Utica College or may subject me to dismissal if I am accepted under false pretenses. As such, I certify the statements and answers made by me in this application to be truthful and complete. I also understand that once these application materials have been submitted to Utica College for review, they cannot be returned to me.

Signature

Date



MS in Occupational Therapy Recommendation Form

Return to: Graduate Admissions Office, 120 White Hall, 1600 Burrstone Road, Utica, NY 13502 (315) 792-3010

Name of Applicant: _____ Soc. Sec. Number (optional) _____

Current Address: _____

AUTHORIZATION FOR WAIVER TO BE READ AND SIGNED BY THE APPLICANT: This waiver is not required as a condition of admission.

I understand my right under the U.S. Family Rights and Privacy Act of 1974 to review confidential appraisals placed in my file on or after January 1, 1975 that are submitted with reference to admission to a graduate or other school.

I do () do not () waive my right to review this reference report.

Date

Signature of Applicant

To the applicant: Complete the above information and send this form with a reference envelope to the individual who will be providing your reference. Write your name and address on the envelope, and when it has been returned to you, return the SEALED envelope to the Utica College Graduate Admissions Office. DO NOT OPEN THE ENVELOPE WHEN IT HAS BEEN RETURNED TO YOU.

To the recommender: Please complete the information requested on both forms. If you need to use additional sheets of paper, please staple them to this form. Your comments will be held completely confidential, if the applicant has waived his or her rights. Your candid completion of this evaluation is appreciated.

Name of Evaluator _____

How long and in what capacity have you known the applicant _____

In evaluating this applicant, with what reference group are you making comparison? _____

Keeping in mind your reference group, please evaluate the applicant as fairly as you can in each of the categories below by placing an "X" in the appropriate box beneath the scale at the top. **(Evaluation continues on back)**

	Outstanding	Good	Average	Poor	Unable to Judge
Intellectual Ability					
Academic Achievement					
Creative Qualities					
Maturity & Emotional Stability					
Leadership Potential					
Initiative					
Ability to Communicate Orally					
Ability to Communicate in Writing					
Ability to Accept Constructive Feedback					
Sensitivity					

The OT Admissions Committee is especially interested in your comments regarding the applicant's aptitude for graduate study. Please add additional sheets if necessary.

Based on your knowledge of the applicant, what are his/her major strengths?

In what areas does the applicant need further development?

Please select one of the following:

____ I strongly recommend this applicant for admission and believe that he/she has the capability to perform at a superior level.

____ I recommend this applicant for admission and believe his/her performance should be comparable to that of most graduate students.

____ I believe that this applicant's qualifications are marginal but the applicant has potential and would benefit from study in your program.

____ I do not recommend this applicant for admissions to your graduate program.

Evaluators Signature

Date

Evaluators Name (Type or print)

Evaluators Position or Title

Evaluators Employer

Evaluators Phone Number

Evaluators Email



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Evaluator's Signature

Date

Evaluator's Name (Type or print)

Evaluator's Position or Title

Evaluator's Employer

Evaluator's Phone Number

Evaluator's Email
