

APPLICATION FOR ADMISSION

OCCUPATIONAL THERAPY ASSISTANT PROGRAM

Fields marked with an asterisk (*) are required.

APPLICANT INFORMATION *

First* _____ **Middle** _____ **Last*** _____

Maiden (if applicable) _____ Preferred First _____ **Date of Birth*** ____/____/____
MM / DD / YYYY

Gender ID* _____ **Social Security Number**** ____-____-____ **Student ID*** _____

Home Phone* _____ **Cell Phone*** _____ **Receive Text Messages*** Yes No

Email* _____ **+Contact Via Mobile*** Yes No

Mailing Address* _____

City* _____ **State*** _____ **Zip Code*** _____ County of Residence _____

(International applicants use name that appears on passport.)
*Social Security Number is required in order to receive state and federal financial aid
+Contact methods may include automated calls or texts

ENROLLMENT INFORMATION *

Have you ever applied to other occupational therapy assistant programs before? Yes No

If Yes, date: _____

Have you applied for financial aid? Yes No

For which location are you applying? Charleston Beckley No Preference

How did you learn about the occupational therapy assistant program at UC?

ACADEMIC HISTORY

HIGH SCHOOL or GED/TASC*

School name _____ City _____ State _____ GPA _____ Grad Year _____

COLLEGE

School name _____ City _____ State _____ Degree Earned Yes No

School name _____ City _____ State _____ Degree Earned Yes No

HONORS & AWARDS

List any college organizations, honors, or awards:

EMPLOYMENT INFORMATION*

Are you currently employed? Yes No

If Yes, name of employer

Date of Hire

Address

Previous Employment:

Name of Employer

Dates Employed

Job Duties

Reason for Leaving

Name of Employer

Dates Employed

Job Duties

Reason for Leaving

Name of Employer

Dates Employed

Job Duties

Reason for Leaving

ADDITIONAL INFORMATION

Have you ever been convicted of a felony? Yes No

If yes, please attach an explanation. Persons with a felony conviction may be eligible for licensure based on terms and conditions of the state in which they intend to apply.

I certify to the best of my knowledge that the information I have provided on this form is correct. I understand this form is for internal use only and the information provided will not be shared with anyone other than OTA program personnel.

Signature

Date

The University of Charleston does not discriminate against any person because of race, color, religion, sex, national or ethnic origin, age, disability, or veteran status in the administration of its educational policies, scholarship and loan programs, admissions, employment, athletics, and other school-administered programs in accordance with the laws of the United States and the state of West Virginia.