University of South Alabama Occupational Therapy 'R F W R U D W H 3 U SUPPLEMENTAL APPLICATION

For Enrollment in Fall 202 Submitted in OTCAS

8 Q L Y H U V6 RE XVVW KR I \$ 10"D' EHDSPD U WRP 121 Q FVX S D TVKLHRUODDSO

5721 USADrive North, Room 2027 " Mobile, AL 36688-0022

Phone:(251)445 ") D [- "Randmissions@southalabama.edu

IDENTIFICATION INFORMATION

Female Male	Birthdate	Birthdate (mm/dd/yy)//			
Full Name					
Last Name	First Name		Middle Name		
Current Address					
Street/P.O. Box	City	State	Zip Code		
Preferred Telephon(e)	Alt. Tel	epho(n <u>e</u>)			
Email Address_ +ÜS"@aXä0g PeelW000370670GnHB <u>RIFRPPX</u>	QLFDWLRQ ZLWK D L	SÀSLO2LVF*D×00014473-(@r	1)/4 4.01032E(ec)5H4€0 0 04E(©	0)033-42.	
	Legal County of Residency				
Permanent Address					
Street	City	State	Zip Code		
Are you a US citizen? Yes No	? If not, what is your currer	nt visa statu <u>s?</u>			
Are you a veteran? Yes No? If	yes, Vet File Number	Vet.	Type:		
Have you ever attended this Univers	ity? Yes No If yes, US	SA Student Numbe	er:		

EDUCATION INFORMATION

List information below for each institution you attended applicants may not disregard any part of their educational history, and fail to experiment 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 onecoursefor each. Choosecourses that transfer as the quivalent USA course.

\$ S S O L P X Q W VX VY M D V VF RVPKSUOPHRVX HJ QVM LVR D V3 Ca transfer as the quivalent USA course.

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Course Name