

Florida Gulf Coast University

Return to:

Florida Gulf Coast University
Attn: Graduate Admissions
10501 FGCU Boulevard South
Fort Myers, FL 33965-6565

Department of Occupational Therapy and Community Health

SUPPLEMENTAL APPLICATION

This application supplements the formal application for admission to the University and must be completed by students applying to programs in the Department of Occupational Therapy and Community Health.

Instructions. Please complete each item of the application. Applicants will have to submit official transcripts from all schools attended and additional materials based on departmental guidelines. Additional materials, transcripts, and any other attachments or supplemental information requested by the program of study must accompany the application. ***Applicants interested in the Occupational Therapy Master's Programs are responsible for ensuring that their supplemental application file is complete by the established deadline**** (see below for deadlines). Incomplete application packets will not be processed. Information must be printed or typed.

BIOGRAPHICAL INFORMATION

Last Name			First Name			M.I.				
Mailing Address				City		State		Zip Code		
Permanent Address (if different from Mailing Address)				City		State		Zip Code		
Area Code ()		Home Phone			Area Code ()		Work Phone		e-mail address	

PROGRAM OF STUDY

Check program(s) and one enrollment term for the program(s) to which you are applying

PROGRAM	ENROLLMENT TERM	
<input type="checkbox"/> M.S. in Occupational Therapy	<input type="checkbox"/> Fall 20__	* Deadline February 1 – Applications received after February 1 will be considered on a space available basis
<input type="checkbox"/> Entry-Level		

COLLEGE/UNIVERSITY RECORD

List all College/University-level courses in which you are ***presently enrolled***.
 Please note that enrollment in any program is contingent upon you providing official
 documentation of completion of courses listed as admission requirements.

(Attach a separate sheet if necessary.)

Course Title & Course Number	College or University	Sem./Qtr. Hours	Dates of Enrollment	
			From Mo./Yr.	To Mo./Yr.

List any college/university-level courses not listed above you ***expect to complete prior to the first class day***.

Please note that enrollment in any program is contingent upon you providing
 official documentation of completion of courses listed as admission requirements.

(Attach a separate sheet if necessary.)

Course Title and Course Number	College or University	Sem./Qtr. Hours	Dates of Enrollment	
			From Mo./Yr.	To Mo./Yr.

CERTIFICATION

I certify that all information provided on this application is true and correct to the best of my knowledge. I also pledge on my honor that all application materials were authored solely by me in accordance with this certification statement. I acknowledge that any misrepresentation of information will nullify my application for admission, and if enrolled, will result in disciplinary action, which may include dismissal from the College of Health Professions and/or the University.

Signature

Date

Please note that the Entry-Level (Post-Baccalaureate) Occupational Therapy Master's program is a limited access program. Admission to this program is competitive and is based on evaluation of all required submitted materials. Because enrollment is limited, all qualified applicants may not be admitted.