



School of Health Professions  
Occupational Therapy (OT)  
Supplemental Application

All submitted application materials become the property of The University of Texas Health Science Center at San Antonio and will not be returned or copied. Only complete applications received by the deadline are considered.

The final deadline to complete all applications and fees is **October 14**.

Both a Central Application Service for Occupational Therapy (OTCAS) online application, this Supplemental Application, and their respective fees are due by the October 14 deadline. Supplemental application fees must be paid via [CashNet](#).

**I. PERSONAL INFORMATION**

Entering Year <b>2018</b>	Prefix Mr. Mrs. Ms.	Full Legal Name (Last, First, Middle)
SS# (Optional)	Contact Phone Number ( ) -	Back-up Phone Number ( ) -
Mailing Address	City, State, Zip, and County	
Date of Birth	Place of Birth (City, State, County)	
Primary E-mail Address	Other E-mail Address	
Ethnicity (Optional)	Previous Name(s)	

**II. RESIDENCY INFORMATION**

U.S. Citizen?	Yes	No	Type of Visa
If no, list country of citizenship			Visa Expiration Date
Resident Alien ID Number (If Applicable, Attach Copy)			
Texas Resident?	Yes	No	County of Residence?
			Length of Residency?
If you have been a Texas Resident for less than 12 months, provide your prior residency information:			
Street		City	State

**III. WORK / LIFE EXPERIENCE**

If you have been employed in the last 12 months, provide your employer information:			
Employer	City/State		Dates of Employment
Employer	City/State		Dates of Employment
Within the last 12 months, have you been a student at an institution of higher education?			Yes No
Part-time	Full-time	Institution:	
Applicants whose residency status is not clearly established should complete a Residency Questionnaire (available from the University Registrar). Our office may take steps to verify information you have provided.			
Have you previously applied for admission to UT Health San Antonio?			Yes No
If yes, list the program you applied to and the date of your application:			
Have you ever matriculated or been a student in another OT program?			Yes No

If yes, indicate the school and location:		
Why did you leave the program?	Voluntary Withdrawal	Dismissal
Explain the reasons for your withdrawal or dismissal:		
Highest degree attained	Major	
Institution	Year	
High School Name:		
City, State, Country:		
	Beginner	Intermediate
Language	(Circle One)	
	Beginner	Intermediate
Language	(Circle One)	
Please note: Individuals who indicate language skills may be tested in that language during the interview process. Individuals who falsely represent their language skills will not be considered further.		
<b>IV. MILITARY INFORMATION</b> <i>Please complete this section ONLY if you are connected to the military.</i>		
All applicants who have current or prior military service must attach a copy of their most recent DD214. Members of the Armed Forces assigned to duty in Texas, their spouses and dependents are eligible to pay tuition at the resident rate regardless of length of residence in Texas.		
Assigned to military duty in Texas	Spouse or dependent of military personnel assigned to duty in Texas.	
Branch of Service	Active Duty	Reserved Duty
Note: if accepted for admission, military personnel must furnish a copy of orders to the Office of the Registrar two weeks in advance of registration. Dependents must furnish a copy of orders and birth certificate/marriage license as applicable.		
<b>V. SIGNATURE</b>		
I understand that the OTCAS application, all transcripts for all courses taken through the Summer 2017, supporting documents, and supplemental application and fee must meet the October 14 deadline.		
I understand that admission to the program is contingent on successful completion of a criminal background check.		
I understand that all actions on admission of students to the professional phase are the prerogative of the Admissions Committee and that questions concerning the status of a completed application should be directed to the OTCAS and the School of Health Professions Office of Admissions and Special Programs.		
I understand that the information submitted herein will be relied upon by officials of The University of Texas Health Science Center at San Antonio to determine my status for admission and residency eligibility. I certify that the information in this application is complete and correct and understand that the submission of false information is grounds for rejection of application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.		
If I have been discontinued from another OT program, I grant the Admissions Committee permission to contact the program to confirm the reasons for my discontinuation.		
I hereby certify that any statements submitted in conjunction with this application are my own work.		
Date	Signature	

Submit this supplemental application by directly uploading it to OTCAS. Pay the supplemental application fee via [CASHnet](#).

Contact the Office of Admissions & Special Programs for assistance at 210-567-6220 or [SHPwelcome@uthscsa.edu](mailto:SHPwelcome@uthscsa.edu).