

DOCTOR OF OCCUPATIONAL THERAPY PROGRAM
School of Health Professions
The University of Texas Health
7703 Floyd Curl Drive (MC 6245)
San Antonio, TX 78229-3900

Statement of Intent

An offer of admission to the Doctor of Occupational Therapy program at University of Texas Health San Antonio is extended to you for the class beginning in Summer 2021.

Indicate your response by checking the appropriate box.

- **ACCEPT:** I accept the position in the Occupational Therapy class to begin in **Summer 2021** pending completion of the matriculation checklist. To secure the position, I understand that I must submit the \$450 non-refundable tuition deposit within a week after acceptance of the offer of admission. I also agree to notify the program if I accept a position in another program.

Print Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

- **DECLINE:** I respectfully decline the offer of admission for Summer 2021 entry. I hereby release this position to be filled by another applicant. My reason for declining:

Print Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____