

The UT Health Science Center at San Antonio

Supplemental Application Instructions Fall 2015 Application Cycle

Occupational Therapy Program

To complete your Master of Occupational Therapy application to the UT Health Science Center San Antonio, it is required that you complete and submit the following applications and fees to have your application considered for admission:

- Occupational Therapy Central Application Service (OTCAS) online application and Fee
- Occupational Therapy Supplemental Application and Supplemental Fee

The final deadline to complete all applications and fees is November 1, 2015. No exceptions.

How do I complete and submit my Occupational Therapy Supplemental Application?

Please complete the attached Occupational Therapy Supplemental Application form and email it to shpwelcome@uthscsa.edu with the subject: **OT Supplemental Application- OTCAS ID Number- Name**. For full instructions, please see the OTCAS Instructions for the UT Health Science Center San Antonio Occupational Therapy program at <https://portal.otcas.org/>.

The deadline to complete this process is **November 1, 2015**.

How do I complete and submit my Supplemental Application Fee for Occupational Therapy?

Please visit online at <https://commerce.cashnet.com/uthscsasf> to complete your \$60.00 (non-refundable) Supplemental Application Fee for Occupational Therapy. Be sure to select the "Supplemental Application Fee Occupational Therapy" section and complete the payment online.

Supplemental Application Fee Payment options include: credit card or electronic check.

The deadline to complete this process is **November 1, 2015**.

Only those applicants who complete the OTCAS and supplemental applications by the **November 1, 2015 deadline** will be considered for admission. Applicants who are taking coursework during the fall semester of the application process must submit a transcript to OTCAS indicating coursework is in progress by the application deadline. You must also list in progress courses on your OTCAS application.

A Petition for Course Review can be found at: <http://students.uthscsa.edu/registrar/wp-content/uploads/sites/2/2014/03/PetitionforCourseReview.pdf> and must be sent to the Office of Admissions at shpwelcome@uthscsa.edu. **Applicants who meet all of the prerequisite coursework do NOT need to complete the substitution form included in this packet.** Requests to take a prerequisite course after the deadline will not be approved. The form is to request an exception in rare, extenuating circumstances or for an equivalent course.

UT Health Science Center at San Antonio Occupational Therapy 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 November 1st deadline will be considered for admissions decisions.

I. Personal Information

Entering Year 2016	Prefix Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Full Legal Name (Last)	(First)	(Middle)
OTCAS ID	Contact Phone Number ()		Alternative Phone Number ()	
Mailing Address			City, State, Zip and County	
Date of Birth			Place of Birth (city, state, country)	
Primary E-mail Address			Other E-mail Address	
Ethnicity (optional)			Previous Name(s)	
RESIDENCE CLASSIFICATION INFORMATION				
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list country of citizenship:			Type of Visa/Expiration Date	
Resident Alien ID Number (if applicable). Attach copy.				
Texas Resident <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below.			<input type="checkbox"/> If less than 12 months, prior residence:	
County of residence?		Months?	Street	City State
If you have been employed in the last 12 months, provide the following information:				
Employer		City/State		Dates
Employer		City/State		Dates
Within the last 12 months, have you been a student at an institution of higher education? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time Institution:				
Applicants whose residence status is not clearly established should complete a Residency Questionnaire (available from the Office of the Registrar) so that your residence status may be accurately defined/identified in advance of initial enrollment. We may take steps to verify information you have provided.				
Have you previously applied for admission to UTHSCSA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list program and date of application:				
Have you ever matriculated or been a student in an OT program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the school/location:				
Why did you leave the program? <input type="checkbox"/> Voluntary Withdrawal <input type="checkbox"/> Dismissal Explain the reasons for your withdrawal or dismissal:				

II. Military Information Please complete this section ONLY if you are military or military connected.

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.

III. Work/Life Experience

A. Scholastic Achievement (as of May 2015)

Highest degree attained	Major
Institution where degree earned	Year
High school attended: Name	
City, State, Country	

B. Language skills other than English

	(circle one)	Beginning	Intermediate	Proficient
Language	(circle one)	Beginning	Intermediate	Proficient
Language	(circle one)	Beginning	Intermediate	Proficient

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.

IV. Signature

UTHSCSA will not evaluate your application until the OTCAS application and supplemental application are complete and all fees paid. By signing this application you are certifying that you have read and understand the Technical Standards of the UTHSCSA OT Studies available at: OT Technical Standards.

Further:

I understand that the Admissions Committee cannot make any decision regarding my application until the OTCAS application with transcripts for all courses taken through the Fall 2015 semester, supporting documents, and this supplemental application have been received. If I have courses in progress during the application process, I understand that if I am accepted into the program, that acceptance is conditional upon satisfactory completion of these courses. Transcripts showing additional work after acceptance must also be submitted. I understand that admission to the program is contingent on successful completion of a criminal background check.

I further 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 Office of Admissions at UTHSCSA (see address/telephone below).

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 (required)
------	----------------------

Submit this supplemental application through email to shpwelcome@uthscsa.edu, and pay the required \$60 supplemental application fee online at: <https://commerce.cashnet.com/uthscsasf>

The supplemental application and fee must be received by November 1, 2015.

For questions concerning this supplemental application, contact the Office of Admissions at:

210-567-6220 or shpwelcome@uthscsa.edu