

The UT Health Science Center at San Antonio

Supplemental Application Instructions
Class of 2017 Entry

Master of Occupational Therapy Program

To complete your Master of Occupational Therapy (MOT) 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
- Master of Occupational Therapy Supplemental Application and Supplemental fee

The final deadline to complete all applications and fees is October 14, 2016. No exceptions.

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

Please complete the attached Master of Occupational Therapy Supplemental Application form and scan/upload it directly to your OTCAS Application. For full instructions, please see the OTCAS Instructions for the UT Health Science Center San Antonio Occupational Therapy program at <https://otcas.liaisoncas.com/>.

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

Please visit online at <https://commerce.cashnet.com/uthscsasf> to complete your \$60.00 (non-refundable) Supplemental Application Fee for Occupational Therapy. First, select "School of Health Professions" next "Occupational Therapy" and finally, "Supplemental Application Fee Occupational Therapy" section and complete the payment online.

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

The deadline to complete this process is **October 14, 2016**.

Only those applicants who complete the OTCAS and supplemental applications by the **October 14, 2016 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 Office of Admissions and Special Programs by the October 14th deadline will be considered for admissions decisions.

I. Personal Information

Entering Year 2017	Prefix Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Full Legal Name (Last)	(First)	(Middle)
OTCAS ID		Contact Phone Number (with area code) ()	Back-up Phone Number (with area code) ()	
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)	
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 a 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:				

