APPLICATION FOR ADMISSION
2009-2010

19555 N. 59th Avenue
Glendale, AZ 85308
888/247-9277 or 623/572-3275
admissaz@midwestern.edu
www.midwestern.edu
**Application Instructions**

The College of Health Sciences’ Occupational Therapy Program uses a “rolling admissions” process in which completed applications are reviewed and decisions are made at regular intervals during the admission cycle. Interviews are conducted and selection decisions for the program are made until the class is filled. To maximize their competitiveness within our rolling admission process, candidates are advised to submit a completed application early in the admission cycle. To initiate the application process, you must submit to the Office of Admissions an application packet that includes the following:

- A properly completed application (see Section One)
- A non-refundable, non-waivable application fee of $50 (see Section Two)
- Two completed and properly sealed letters of recommendation (see Section Three)
- Official transcripts from each college or university attended (see Section Four)
- Official GRE Scores – required only for applicants with prerequisite GPAs of less than 3.0 (see Section Six)
- Two self-addressed, pre-stamped notification postcards (see Section One)

**NOTE:** Reapplicants must resubmit all of the above. The Office of Admissions will not reuse transcripts, letters of recommendation or GRE score reports submitted for previous application cycles.

**Section One: Application**

To be considered complete, you must provide all information required on the application form. Only completed application packets returned to the MWU Office of Admissions will be processed.

Optional Personal Statement/Resumé

You may include any additional information that you believe may be useful in evaluating your application.

Application Status and Notification

Enclose two stamped, self-addressed postcards with your application packet. The first card will be returned to you when your application is received. The second post card will be returned to you when your application is processed. Please pay attention to the second post card as it is used to notify you of your file status (complete/incomplete and/or deficiencies in prerequisite coursework).

If at any time during the admissions process you find it necessary to withdraw your application, please notify the Office of Admissions in writing (email is acceptable; contact us at admisaz@midwestern.edu).

**Section Two: Application Fee**

Enclose a non-refundable, non-waivable fee of $50.00. Make your check or money order payable to Midwestern University-OT.

**Section Three: Recommendations**

Enclose two letters of recommendation from professionals and academicians who know you well (we will accept letters from health care professionals, pre-health advisors/committees, science professors). Letters of recommendation are to be signed and enclosed in a sealed envelope, then returned in the application packet.
Please type or print using black ink.

PERSONAL INFORMATION

Social Security Number: _______-_______-_______

Full Legal Name: ____________________________________________ Last First Middle

Other Name(s) Under Which You May Have Educational Records: _______________________________________________________

Preferred Nickname: _________________________________________

Preferred Mailing Address (all correspondence will be sent to this address until otherwise notified):

Street __________________________ City __________________________ State __________ Zip Code: __________

Permanent and/or Legal Residence:

Street __________________________ City __________________________ State __________ Zip Code: __________

By which method do you prefer to be contacted?

Home Telephone ( ) __________________________ Work Telephone ( ) __________________________

E-mail __________________________

The Office of Admissions requires you to have a valid e-mail address. You can obtain a free address from Hotmail.com or Yahoo.com.

U.S. Citizen or National?  Yes ☐ No ☐

If you checked no, indicate status and enclose documentation:

☐ Permanent Resident (Please enclose a copy of your permanent resident card)

☐ Temporary Non-Citizen (F-1 Visa students must complete an International Student Financial Application. Prior to issuing a student Visa, Midwestern University must receive documentation of sufficient financial resources to pay for education costs.)

Were you ever in the military?  Yes ☐ No ☐

If yes, indicate type/date of discharge:  ☐ Honorable __________ ☐ Dishonorable __________ ☐ Other __________

DEMographic INFORMATION

The optional demographic and family data will be used to help evaluate our efforts relative to providing equal educational opportunity for all incoming students. These data are optional and will not be used as selection criteria during the admission process. Various accrediting agencies rely on us to provide them with an accurate portrayal of our applicant pool.

Gender ☐ Male ☐ Female

Birth Date _________/_______/_______

Birthplace (city, state, country) __________________________________________

Ethnic/Racial Origin (check all apply):

☐ White (non-Hispanic) ☐ Mexican-American or Chicano ☐ Asian

☐ Black (non-Hispanic) ☐ Puerto Rican ☐ Asian Underrepresented

☐ American Indian or Alaskan Native ☐ Other Hispanic ☐ Nat. Hawaiian/Pacific Islands

☐ Other __________________________
Father

Name: _____________________________
Occupation: ________________________
Highest Grade Level Completed: ______________

Mother

Name: _____________________________
Occupation: ________________________
Highest Grade Level Completed: ______________

Spouse

Name: _____________________________
Occupation: ________________________
Highest Grade Level Completed: ______________

Have you ever enrolled in a health profession’s education/training program as a candidate for a certificate or degree?

☐ Yes ☐ No If yes, please explain: ____________________________________________________________

Have you ever applied to a program at this university before? ☐ Yes ☐ No
If yes, state program/date: ________________________________________________________________

Have you ever been the recipient of any action (disciplinary, suspension, disqualification, revocation, etc.) relating to any professional license or certification you have ever held? ☐ Yes ☐ No
If yes, please explain (or attach a separate statement): __________________________________________

Have you ever been convicted of a misdemeanor or felony (excluding parking violations)? ☐ Yes ☐ No
If yes, please explain (or attach a separate sheet): ____________________________________________

Note: If you have a pending misdemeanor or felony, which results in conviction, it is your responsibility to immediately inform Midwestern University College of Health Sciences.

Occupational Therapy/Health Care Experience

Please list the volunteer or employment experiences in occupational therapy or health care in which you have participated. Include the approximate number of hours experienced; calendar year(s) of experience; name of setting; and description of the type of experience: *(O=observation; T=transport; PC=patient care; A=administration/office/clerical)*. If necessary, you may use an additional sheet of paper.

<table>
<thead>
<tr>
<th>START Mo./Yr.</th>
<th>ENDED Mo./Yr.</th>
<th>NO. OF HOURS PER WEEK/MONTH</th>
<th>PLACE OF EXPERIENCE (Name, City, and State)</th>
<th>EXPERIENCE TYPE (See code above - O, T, PC, A)</th>
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Extracurricular and Community Activities

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<tr>
<th>ORGANIZATION</th>
<th>AWARDS/HONORS</th>
<th>ROLE/ACTIVITY</th>
<th>NO. OF HOURS (Per week, month, etc.)</th>
<th>DATES</th>
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HEALTHCARE SERVICES AND OCCUPATIONAL THERAPY

ACADEMIC INFORMATION

High School Attended ____________________________________________ Year of Graduation ________________________

List all regionally accredited colleges or universities that you have attended or are currently attending (you may use a separate piece of paper). Failure to provide complete information may result in subsequent dismissal.

<table>
<thead>
<tr>
<th>NAME OF INSTITUTION</th>
<th>LOCATION (City, State)</th>
<th>ATTENDANCE DATES From Mo./Yr. To Mo./Yr.</th>
<th>DEGREE/DATE (if any)</th>
<th>MAJOR</th>
<th>SEM./QTR. HOURS COMPLETED</th>
<th>OVERALL GPA (4-point scale)</th>
<th>OFFICE USE ONLY</th>
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PLEASE NOTE THAT OUR MINIMUM OVERALL GPA REQUIREMENT FOR APPLICATION TO THE OCCUPATIONAL THERAPY PROGRAM IS A 2.75 ON A 4.0 SCALE.

OCCUPATIONAL THERAPY PROGRAM

PREREQUISITE COURSES

<table>
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<th>SCIENCE COURSES</th>
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<tbody>
<tr>
<td>HUMAN ANATOMY</td>
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<tr>
<td>PHYSIOLOGY</td>
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</table>

| GENERAL COURSES |
|-----------------
| STATISTICS      | 1 basic statistics course. Suggested courses include Elementary Statistics, Tests & Measurements, Biostatistics |
| HUMAN DEVELOPMENT | 1 course which covers physical, social, and psychological development throughout the lifespan |
| ABNORMAL PSYCHOLOGY | 1 course |
| SOCIAL/BEHAVIORAL SCIENCE | 1 course. Suggested courses include Sociology, Social Work, Cultural and Diversity issues, or a service related course. |

NO GRADE LESS THAN A “C” WILL BE ACCEPTED FOR ANY PREREQUISITE COURSE.

*NOTE: Accepted occupational therapy students must also have:
1. A bachelor's degree from a regionally accredited college or university prior to enrollment.
2. Current CPR Certification for health care providers.
3. Completed a First Aid Course within the past three years prior to enrollment.
OCCUPATIONAL THERAPY PROGRAM
PREREQUISITE CHECK LIST

<table>
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<tr>
<th>REQUIRED PREREQUISITE COURSES*</th>
<th>SCHOOL NO. (refer to Academic Information Sheet)</th>
<th>YEAR/TERM (e.g. 98/Fall)</th>
<th>COURSE NAME</th>
<th>COURSE No. (e.g. 101L)</th>
<th>SEM./QTR. HOURS COMPLETED</th>
<th>GRADE</th>
<th>OFFICE USE ONLY</th>
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<tr>
<td>Human Anatomy</td>
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<td>Human Development</td>
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<td>Abnormal Psychology</td>
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<td>Social &amp; Behavioral Science</td>
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CURRENT/PLANNED COURSE WORK

Please list the course(s) you are currently taking, as well as courses you plan to complete before enrolling in the OT Program, if accepted.

All prerequisite courses must be completed before the OT Program begins. Documented completion of all prerequisite courses must be provided prior to the start of classes the end of August.

CURRENT/PLANNED COURSE WORK IN PROCESS

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>COURSE NAME</th>
<th>SEMESTER HOURS</th>
<th>INSTITUTION</th>
<th>DATE TO BE COMPLETED</th>
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My signature below indicates that all information contained in this application is factually correct and complete. I understand that the misrepresentation or omission of application information is sufficient grounds for canceling my admission or registration.

Signature ____________________________________ Date ____________________________

Midwestern University provides equality of opportunity in its educational programs for all persons, maintains nondiscriminatory admissions policies, and considers for admission all qualified students regardless of race, color, sex, sexual orientation, religion, national or ethnic origin, citizenship status, disability, status as a veteran, age, or marital status.*

*Applicants must be able (with reasonable accommodations) to meet the technical standards as outlined in the University catalog.

Before you submit this application, please make a copy for your records.
**SECTION FOUR: OFFICIAL TRANSCRIPTS**

Obtain official transcripts signed and sealed by the Registrar from all regionally accredited colleges or universities attended. If you are not sure if your school has regional accreditation, consult with the Registrar of the institution. Remember to include transcripts from schools where transfer credits were taken. Only transcripts submitted in signed and sealed envelopes will be accepted. **NOTE:** You will need to use a copy of your transcript(s) to complete our academic self-report worksheet. If you do not currently have a copy, you may want to request one.

**Transcript Checklist:**

- Send a transcript request to the Registrar at each college or university that you attended.
- Instruct each Registrar to enclose your transcript in a sealed envelope. Make sure the Registrar signs, seals, and returns the envelope to you for enclosure in your application packet. **Do not break the Registrar’s seal.** **NOTE:** We will not accept photocopies of transcripts.
- If you attended a college or university outside the U.S. or Canada, you must submit an *official*, detailed course-by-course evaluation of this work. You must obtain this evaluation from one of the following services:
  - Education Credential Evaluators (ECE) (414) 289-3400
  - World Education Service (WES) (212) 966-6311

**NOTE:** Students who have completed coursework at a foreign college or university must complete at least 30 semester hours of course work at a regionally accredited U.S. college or university before entering Midwestern University's OT Program.

**SECTION FIVE: ACADEMIC INFORMATION**

The academic information sheet and prerequisite checklist are critical components of the application process. Both forms need to be filled out completely to ensure full consideration of your application. Please carefully read all of the following directions before completing the forms. Use a copy of your transcript(s) to complete your information sheet using the following guidelines (**NOTE:** Do not use the official transcripts in the signed and sealed envelopes).

**Academic Information**

List all of the academic institutions that you have attended.

1. Using your transcripts, list the name of each academic institution that you have attended, location, attendance dates, degree, major, number of credit hours and overall GPA.
2. The **Number of Credit Hours** should be reported on a semester hour basis. If an institution you attended uses a quarter system, please place “QH” next to the reported number.

**Prerequisite Checklist**

Use your transcript(s) as a reference to complete the Prerequisite Checklist. Enter the school number, year/term, course name/#, semester hours completed, and grade. A list of prerequisite courses has been provided. The prerequisites listed are **required**, not optional or suggested. All prerequisite courses must be completed with a grade of “C” or better before entering the OT Program.

**SECTION SIX: STANDARDIZED TEST SCORES**

(Required only for applicants with GPAs lower than 3.0)

Graduate Records Examination (GRE) General Test scores must be sent directly to the Office of Admissions. Scores will be accepted for tests taken during the past five years.

<table>
<thead>
<tr>
<th>Institution Code</th>
<th>Department Code</th>
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<tr>
<td>4160</td>
<td>0699</td>
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</table>

Return your completed application to:

Midwestern University
Office of Admissions
19555 N. 59th Avenue
Glendale, Arizona 85308

For more information, please visit our website at

www.midwestern.edu/az-ot