Santa Ana College: Bachelor of Science in Occupational Studies Fall 2024 Student Application Checklist

PLEASE FILL OUT AND SUBMIT THIS CHECKLIST WITH YOUR COMPLETED APPLICATION

| Last Name: | First Name: | |
|---|--|--|
| | gram accepts applications on a rolling basis. To be on the control of the control | |
| | ANA COLLEGE (EVEN IF YOU ARE CURRENTLY A SANudies BS SAC in the Intended Major area. | ITA ANA COLLEGE STUDENT) – |
| 2 MET WITH OS CO | UNSELOR MARCELLA HERNANDEZ ON | (date) FOR A TRANSCRIPT |
| | PLETE THE OCCUPATIONAL STUDIES APPLICATION consist of two single-sided pages | |
| | closed | • |
| 5REVIEW APPLICAT returned | ION FOR COMPLETENESS. Incomplete application w | vill not be reviewed and will be |
| 6MAIL THE APPLICA STUDIES PROGRAM BY J | ATION MATERIALS IN A SEALED 9" X 12" MANILA EN ULY 26, 2024. | IVELOPE TO THE OCCUPATIONAL |
| | Mailing Address: Santa Ana College Attn: Dawn McKenna-Sallade, OS Progra 1530 West 17 th Street Santa Ana, CA 92706 | am |
| how to join a writing sample se Applicants requesting accomm | will be conducting sessions for the Writing Sample. You session via Zoom video conferencing after all application odation must contact the DSPS Office at 714-564-62 pointment. Applicants must provide the accommodation | on materials have been received. 95 or by email: <u>dsps@sac.edu</u> to |
| NOTIFICATION: Applicant will of the writing sample. | be notified of acceptance status within 4 weeks of a | pplication submission and completion |
| Student Signature: | Date: | |
| | | |

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PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK ALL SECTIONS MUST BE COMPLETED

| | | SECTION | I: CONTACT IN | IFORI | MATION | | | |
|---|--------------------------|---|--------------------|-------------|-------------------------------|------------------|----------------|------------------|
| Santa Ana College Student ID Number: | | | Dat | Date: | | | | |
| Last Name: | t Name: | | | First Name: | | Middle Initial: | | |
| Email Address (| required): | | | | | | | |
| Cell Phone: Alternate Phone: | | | | | | | | |
| Mailing Address | 5: | | | | | | | |
| City: | City: State: Zip Code | | | | de | | | |
| | | | | | | | | |
| SECTION II: OTA EDUCATIONAL BACKGROUND | | | | | | Office Review | | |
| College Name: | | | | | | | | |
| Degree: | | | | | Year Graduated: | | | |
| Date passed NB | COT exam: | OT exam: NBCOT Certification #: California License Numb | | | per: | | | |
| Other degree(s) earned: College Name & Year: | | | | | | | | |
| NOTE: Official tran College. | scripts pertinent to you | ur earned degree must be incl | luded with this ap | oplicat | ion unless your degree was ea | rned from S | AC or Santiago | |
| | | SECTION III: HIG | GHEST LEVEL C | OF M | ATH COMPLETED | | | Office Review |
| Term/Year | Course Name & Number: | | | Units | Grade | | | |

NOTE: Official transcripts pertinent to your Math course must be included with this application.

College Name:

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PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK ALL SECTIONS MUST BE COMPLETED

| SECTION IV: ANATOMY AND PHYSIOLOGY VERIFICATION | | | | | | |
|---|------------|-----------|---------|----------------------|-------|--------|
| Completion | | Term/Year | College | Course Number & Name | Grade | Office |
| Method | | | | | | Review |
| □ Combined course | | | | | | |
| □ Courses were taken separately | Anatomy | | | | | |
| | Physiology | | | | | |

NOTE: Official transcripts pertinent to your Anatomy and Physiology course must be included with this application.

SECTION V: PLEASE READ AND SIGN WHERE APPROPRIATE

I certify that the information provided on this application is both accurate and true to the best of my knowledge. If this application leads to enrollment, I understand that false, misleading, or inaccurate information may result in denial of admission and/or dismissal from the Occupational Therapy Assistant Program.

PLEASE NOTE: THE OCCUPATIONAL STUDIES PROGRAM'S PRIMARY METHOD OF CONTACT IS VIA EMAIL. THE STUDENT ACKNOWLEDGES THAT IT IS THEIR RESPONSIBILITY TO KEEP THEIR EMAIL ADDRESS, AND ALL OTHER CONTACT INFORMATION, CURRENT AS TO ENSURE THAT ALL PROGRAM CORRESPONDENCE IS RECEIVED. THE OCCUPATIONAL STUDIES PROGRAM WILL NOT MAKE MULTIPLE ATTEMPTS TO REACH STUDENTS DUE TO INACCURATE CONTACT INFORMATION BEING ON FILE.

| Student Signature | Date |
|-------------------|------|