

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER  
SCHOOL OF ALLIED HEALTH PROFESSIONS  
OFFICE OF STUDENT AFFAIRS  
1900 Gravier Street, New Orleans, LA 70112  
Phone: 504-568-4254 FAX: 504-568-3185 [www.lsuhs.edu](http://www.lsuhs.edu)

**MASTER OF OCCUPATIONAL THERAPY  
NEW ORLEANS CAMPUS**

<http://alliedhealth.lsuhs.edu/OccupationalTherapy/>

**APPLICATION**

**APPLICATION DEADLINE: July 1<sup>st</sup>**

**(However applications will be accepted past the deadline if space is still available in the class; a new class is enrolled in January of each year)**

**APPLICATION CONTAINS:**

1 - Application Instruction Sheet	1 - DOCUMENTATION OF EXPERIENCE FORM
1- 6 PAGE APPLICATION	1 - PREREQUISITE DOCUMENTATION FORM (with instructions)
1 - TRANSCRIPT REQUEST FORM	

**APPLICATION INSTRUCTIONS**

1. Please download and print a copy of this application. Indicate the requested information using a blue or black ballpoint pen or typewriter. Make a copy of the completed application for yourself, if you so desire.
2. Applications without the following will be returned: **1) six (6) page application that is legible and complete, 2) Non-refundable \$50.00 fee payable to LSUHSC, 3) signature (4<sup>th</sup> and 5<sup>th</sup> pages), and 4) prerequisite documentation form.**
3. Mail all application materials to:

**Office of Student Affairs  
LSU Health Sciences Center  
School of Allied Health Professions  
1900 Gravier Street  
New Orleans, LA 70112**

4. The following must be received before the application will be considered by the Admissions Committee: **1) transcripts in Sealed and Signed Envelopes, and 2) Graduate Record Examination (GRE) scores, and 3) documentation of experience form/s in Sealed and Signed Envelope.**

## TRANSCRIPT REQUEST FORM

Two (2) official transcripts from each college/university attended must be received in the Office of Student Affairs before the application can be processed.

1. Complete the “**TO THE APPLICANT**” portion of the form.
2. Send completed form to the Registrar of *each* college or university you have attended. Be sure to include the required fee for each transcript. Have the Registrar send (2) official transcripts directly to the **Office of Student Affairs, School of Allied Health Professions**, at the address given above.

## GRADUATE RECORD EXAMINATION SCORES (GRE)

Please request your official GRE scores from <http://www.gre.org/getscore.html#addlscreports>. Have your scores sent to the Office of Student Affairs, School of Allied Health Professions, at the address given above. Our **School institution code is R 6352; Department Code for Occupational Therapy is 0601.**

## DOCUMENTATION OF EXPERIENCE FORM

You are responsible for distributing and collecting the **DOCUMENTATION OF EXPERIENCE FORM** once they are completed, sealed, and signed in an envelope by an occupational therapist. The form is to be completed only by a licensed occupational therapist with who you have had 10 hours or more of clinical experience. A total of 40 hours is required for admission. You may therefore have as many as four (4) forms completed by four (4) different occupational therapists in four (4) different facilities or practice settings. You will need to:

- ◆ Complete the “**TO THE APPLICANT**” portion of the Documentation of Experience Form
- ◆ Send or deliver a form and a self-addressed stamped envelope to the occupational therapist/s that will provide documentation.
- ◆ When the Documentation of Experience form is returned to you in the sealed envelope, place it UNOPENED along with your other application materials

## RETURN TO THE OFFICE OF STUDENT AFFAIRS

- ◆ Completed **Application** by the deadline
- ◆ **\$50.00** application fee
- ◆ Two (2) official **transcripts** from every university attended by the application
- ◆ Completed **Prerequisite Documentation** form
- ◆ Completed **Documentation of Experience** form(s)
- ◆ **GRE SCORES**

Return all the above material in a large envelope to the **Office of Student Affairs** at the above address.

- NOTE 1:** If you apply prior to completing your bachelor's degree or before completing all of the prerequisite courses, you will need to submit two (2) official copies of your transcript after completion of your degree and/or prerequisite courses.
- NOTE 2:** If you have any questions after reviewing the self-managed application, please contact the Office of Student Affairs - 504-568-4254
- NOTE 3:** Questions regarding the occupational therapy program or special circumstances can be directed to the department head, Dr. Eve Taylor at 504-568-4302
- NOTE 4:** **If you are accepted into the program** you will be required to pay a non-refundable \$50.00 acceptance fee. This fee will be applied toward your first academic semester. Request for this fee will be included with the departmental letter of acceptance.

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