

**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.lsuhscc.edu

**MASTER OF OCCUPATIONAL THERAPY APPLICATION  
NEW ORLEANS CAMPUS**

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

**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)**

**Please use ballpoint pen or typewriter. Illegible or incomplete applications will be returned.**

Social Security Number: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Last First Middle ( Full Name)

Please indicate previous names that have been used (maiden, marriage, etc.) \_\_\_\_\_

**LEGAL ADDRESS:** How long have you been at this residence? \_\_\_\_ Years \_\_\_\_ Months

\_\_\_\_\_  
Number & Street City Parish/County  
\_\_\_\_\_  
State Zip Code Country Phone No. ( ) \_\_\_\_\_

**MAILING ADDRESS ~ FOR ADMISSIONS CORRESPONDENCE ~** How long at residence? \_\_\_\_ Years \_\_\_\_ Months

\_\_\_\_\_  
Number & Street City Parish/County  
\_\_\_\_\_  
State Zip Code Country Phone No. ( ) \_\_\_\_\_

How long will the **Admissions Correspondence Address** be valid?: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State Country

FAX Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Please list all employers for the past five years . List current employer first. Append additional sheet if necessary:

CURRENT EMPLOYER, POSITION, LENGTH OF EMPLOYMENT, PHONE NUMBER			
Name of Firm	City/State	Mo & Yr	Position
_____ Name of Firm	_____ City/State	_____ Mo & Yr	_____ Position
_____ Name of Firm	_____ City/State	_____ Mo & Yr	_____ Position

**RESIDENCY INFORMATION**

I am now and have been since \_\_\_\_\_ a resident of \_\_\_\_\_  
Date Name of State

Father's Name (if living) \_\_\_\_\_ Mother's Name (if living) \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_

Number Years in residence: \_\_\_\_\_ Number Years in residence: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Business Home Business

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

For tax purposes, which person claims you as a deduction? \_\_\_\_\_ Self \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_  
 Guardian

For emergency purposes, please provide the name, address, phone number, and relationship of contact:

**RESIDENT ALIEN - PLEASE COMPLETE**

Country of Citizenship: \_\_\_\_\_

Alien registration number: \_\_\_\_\_ (enclose photocopy of both sides of card)

Date and Score of TOEFL (an overall score of 500 must be met): \_\_\_\_\_  
 \_\_\_\_\_ Month Year Score

**EDUCATIONAL INFORMATION**

List all **HIGH SCHOOLS, TRADE or VOCATIONAL SCHOOLS** (use separate sheet if necessary)

NAME OF SCHOOL	CITY/STATE	DATE ENTERED	DATE GRADUATED
_____	_____	_____	_____

List all **COLLEGES and UNIVERSITIES** you have attended. Please list in the same order attended (i.e. first attended is Number 1)

NAME	LOCATION	MAJOR	DATES ATTENDED	DEGREE CONFERRED or EXPECTED
_____	_____	_____	FROM: _____ TO: _____ <small style="display: flex; justify-content: space-around; font-size: x-small;">Mo/Yr Mo/Yr</small>	_____
_____	_____	_____	FROM: _____ TO: _____ <small style="display: flex; justify-content: space-around; font-size: x-small;">Mo/Yr Mo/Yr</small>	_____
_____	_____	_____	FROM: _____ TO: _____ <small style="display: flex; justify-content: space-around; font-size: x-small;">Mo/Yr Mo/Yr</small>	_____

Has your education to date been continuous other than for vacations? 9 Yes 9 No (if no, or if not currently attending college, please explain) \_\_\_\_\_

Have you previously **APPLIED** to the LSUHSC? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_  
discipline(s) semester(s) year(s)

Have you previously been **ENROLLED** at the LSUHSC? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_  
discipline(s) semester(s) year(s)

**PLEASE COMPLETE THIS BOX**

- A.** Have you applied to Graduate School elsewhere? \_\_\_ No \_\_\_ Yes If yes, were you accepted? \_\_\_ No \_\_\_ Yes  
 When and where did you apply? \_\_\_\_\_
- B.** Have you taken the Graduate Record Exam (GRE) General Test ? \_\_\_ No \_\_\_ Yes  
 Date Taken: \_\_\_\_\_ Test Results: \_\_\_\_\_ Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical

**SCHEDULED COURSES**

\_\_\_\_\_ I am \_\_\_\_\_ I am not - currently enrolled during the: **SUMMER semester**. If enrolled, please complete.

**Example: ABC Univ                      Engl                      1001                      Composition                      3**

COLLEGE/ UNIVERSITY	DEPARTMENT CODE	COURSE NUMBER	TITLE	CREDIT HOURS

\_\_\_\_\_ I will be \_\_\_\_\_ I will not be - enrolled during the: **FALL semester**. If to be enrolled, please complete.

COLLEGE/ UNIVERSITY	DEPARTMENT CODE	COURSE NUMBER	TITLE	CREDIT HOURS

Please use this area if explanation is needed for any of the courses listed above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**400 WORD ESSAY**

The Admissions Committee is interested in your reasons for wanting to enter the field of Occupational Therapy and in your ability to express the motivation behind your decision to apply.

**Please type** the answers to the following two (2) questions on page 5 of the application.

1. Describe what you have learned about occupational therapy. Emphasize what about the profession made you want to be an occupational therapist.
2. Next, describe how your personal characteristics (such as attitudes, values, behaviors), and/or life experiences, relate to your pursuit of a career in occupational therapy.

**ALL APPLICANTS - PLEASE READ AND SIGN THE FOLLOWING**  
*Applications without signature will be rejected*

I certify that to the best of my knowledge, the information provided on this application is correct and complete. I understand that if it is later found to be otherwise, my application will be rejected, or in the event that I am enrolled, I will be subject to dismissal from the University.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

The LSU System assures equal opportunity for all qualified persons without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, marital status or veterans status in the admission to participate in or employment in programs and activities which the LSU System operates.

**MASTER OF OCCUPATIONAL THERAPY APPLICATION**  
**400 WORD ESSAY**

Please read the statement below, print and sign your name.

On my honor, I swear that the essay that I am submitting as part of the application is my original work, and my work only.

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PRINT

SIGN

DATE