

Occupational Therapy Program | Prerequisite Form

(Return this form to graduate@sage.edu)

Name of student:

Last

First

M.I.

Indicate anticipated entry date to the Occupational Therapy Program (August 20XX): _____

Program Prerequisite Record

For each prerequisite courses and/or activity listed below, please indicate the timeframe during which they have been completed, are in progress, or the anticipated date of completion. For completed coursework, indicate the grade received.

	If complete			If not complete	
	Grade	Semester/Year completed	School attended	Semester/Year of anticipated completion	School to be completed at
Anatomy & Physiology I w/Lab					
Anatomy & Physiology II w/Lab					
Physics I w/Lab (recommended)					
Introduction to Psychology					
Human Development					
Abnormal Psychology					
Statistics					
Sociology or Anthropology					
Medical Terminology					
Clinical Observation Hours					

Additional comments:

Signature: _____

Date: _____