



DOCTORAL APPLICATION - DOCTOR OF OCCUPATIONAL THERAPY (DrOT)

READ ALL OF THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. YOU MAY TYPE YOUR ANSWERS AND PRINT THE FORM WHEN YOU ARE FINISHED, OR YOU MAY PRINT THE FORM AND FILL IN YOUR ANSWERS BY HAND. YOU MUST SUBMIT A SIGNED COPY OF THIS APPLICATION WITH THE REST OF YOUR APPLICATION MATERIALS. (NOTE: YOU SHOULD ALSO PRINT AND RETAIN A COPY FOR YOUR RECORDS.)

Mr. Ms. Other

Last Name First Name Initial

Male Female

Date of Birth Mo/Day/Year

Previous last names that may appear on academic transcripts.

Permanent Address

Home Phone

City State Zip Code

Work Phone

Current Address (if different from above)

Extension

City State Zip Code

Cell Phone

E-mail

Are you Latino/Hispanic? Yes No

Please select the categories below that describe you. (Select as many as apply.)

- American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White

Your response will not affect the admission decision and is optional. This information is requested so that we may demonstrate to federal and state agencies that the institution is in compliance with the appropriate regulations.

Illinois Resident Non-Illinois Resident If an Illinois Resident, how long? (Years and months)

Indicate your citizenship status:

U.S. Citizen Non-U.S. Citizen Country of Citizenship

- Permanent Resident (attach copy or mail copy of permanent residency card) International Student (seeking student visa) Other

I have previously applied to GSU for admission I have not previously applied to GSU for admission

If you have previously applied to GSU, when did you apply? (Trimester/Year)

I have previously enrolled at GSU. I have not previously enrolled at GSU.

If you have previously enrolled at GSU, when did you enroll? (Trimester(s)/Year(s))

If you have attended GSU before, did you leave in good standing? Yes No Not Applicable

Are you in good standing at the college or university last attended? *** Yes No

***Note: Applicants not in good standing at the last college attended, including GSU, must petition for admission under the Policy on Readmissions and Special Admissions. All petitions must be submitted in writing to the Department of Occupational Therapy. The letter of petition must accompany the application for admission and all required application materials, including official transcripts

State Issuing Current Driver's License

State Issuing Vehicle Registration

Driver's License Number

Complete the following table for all postsecondary educational institutions you are attending or have attended. Use reverse chronological order, beginning with the most recent school. Official transcripts must be included with your application materials.

Institution	City	State	Month/Year (from/to)	Quarter Hours Earned	Semester Hours Earned	Major	GPA	Degree Earned

TOEFL Score (If Applicable)

Date Taken

Complete the following information about the three individuals who have agreed to write letters of recommendation in your behalf. At least one letter must be from an employer/supervisor. A second letter must be from an OT colleague. The third letter may be submitted by a person who can attest to your scholarly potential. Recommendation letters from fellow students, personal friends, or family members are not acceptable.

Name	Position and Facility or Company Name	Phone/E-Mail	Employer/Supervisor, OT Colleague, or Person Who Can Attest to Scholarly Potential

Complete the following information about your academic, professional, and civic activities, achievements, and awards. Specify the time period and your level of involvement wherever that is appropriate. For example, were you an officer, chairperson, or member of a particular organization or committee?

Professional Organizations and Affiliations	
Community and Civic Involvement	
Academic Honors and Scholarships	
Publications and Creative Works	

Other Achievements and Activities

State Issuing
Occupational
Therapy License

License
Number

Expiration
Date

NBCOT Certification
Number

Expiration
Date

This application must be signed and dated by the applicant before action can be taken. I understand that withholding information or giving false information may make me ineligible admission to the university or subject to dismissal. I certify that the information provided in my application package is correct and complete.

Signed By

Date

Governors State University is an equal opportunity institution. The University adheres to Section 504 of the Rehabilitation Act.

Security Information Now Available: GSU is committed to assisting all members of the community in providing for their own safety and security. The annual security compliance document is now available on the GSU web site at www.govst.edu/cleryact. If you would like to receive a brochure that contains this information, you can stop by GSU's Department of Public Safety, or you can request a copy be mailed to you by calling 708.534.4490. The web site contains information on campus security and personal safety, including crime prevention, university police law-enforcement authority, crime reporting policies, disciplinary procedures, and other important matters about security on campus. It also contains statistics for the three previous calendar years on reported crimes that occurred on campus, in certain off-campus buildings or property owned by GSU, and on public property within or immediately adjacent to and accessible from the campus. This information is required by law and is provided by GSU's Department of Public Safety.