ITHACA COLLEGE

School of Health Sciences and Human Performance
Department of Occupational Therapy

Application Form for OT Internal Transfers

Name: _____

IC ID#: _____ Date: _____

Local Address: _____

Cell phone: _____

E-Mail Address: _____

Current Major: _____

Cumulative GPA: _____

What semester are you applying for admission into the occupational science/ occupational therapy program?

☐ Fall ☐ Spring Year _____

List and briefly describe extracurricular and community volunteer activities in the last two years. Include activities at IC, outside Ithaca, and paid experiences. Use a separate document if more space is needed.

List and briefly describe any honors or awards you have received in the last two years, including the date you received them. Use a separate document if more space is needed.

Awards or Honors Date Awarded

Personal Essay:
How has your life experiences contributed to your interest in a career in occupational therapy? (Maximum of 350 words on a separate document)

Signature: _____ Date: _____