



ITHACA COLLEGE

School of Health Sciences and Human Performance
Department of Occupational Therapy

Student Contact Sheet for Prospective OT Internal Transfer Inquiry

This form must be fully completed and returned to the Administrative Assistant in the Department of Occupational Therapy prior to meeting with the OT department chair.

Student Name: _____ Date: _____

ID#: _____

Local Address: _____

Email Address: _____

Cell phone #: _____

Current Major: _____

Major Advisor: _____

Year Entered IC: _____

Current Class: _____ First semester freshman

_____ Second semester freshman

_____ First semester sophomore

_____ Second semester sophomore