



# ITHACA COLLEGE

Department of Occupational Therapy

## STUDENT ACTIVITIES

Academic Year: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Class: FR SO JR SR PEL GR

E-Mail Address: \_\_\_\_\_

Minor or Special Academic Interest \_\_\_\_\_

College Honors or Awards \_\_\_\_\_

College Service Activities \_\_\_\_\_

Extra-Curricular Activities or Teams \_\_\_\_\_

Other Volunteer or Community Activities \_\_\_\_\_

Employment \_\_\_\_\_

Anything else you want us to know about you \_\_\_\_\_

\*Please use back if needed – if using back please check here \_\_\_\_\_