

Santa Ana College: Occupational Therapy Assistant Program

Spring/Fall 2018 Student Application Checklist

PLEASE SUBMIT THIS CHECKLIST WITH YOUR COMPLETED APPLICATION

Last Name Smith First Name John

1. ☒ **OBTAIN A SAC STUDENT ID NUMBER:** Potential students must apply to the college.
2. ☒ **DOWNLOAD AND COMPLETE THE OTA APPLICATION:** Your application should consist of two single sided pages in which you have selected only ONE ENROLLMENT FORMAT (Spring, Fall, or First Available).
3. ☒ **PROVIDE OFFICIAL HIGH SCHOOL TRANSCRIPTS:** Only if you DO NOT hold an AA/AS or BA/BS degree from an accredited United States institution.
4. ☒ **SATISFACTORY COMPLETION OF ALL PREREQUISITES, OR THEIR EQUIVALENTS, WITH A GRADE OF "C" OR BETTER.**
 - ☐ Biology 149,
 - ☐ Communication Studies 101/101H, 102, 140, 145, or 152,
 - ☐ English 101/101H,
 - ☐ Psychology 100
5. ☒ **PROVIDE OFFICIAL COLLEGE TRANSCRIPTS:** Must be in an official sealed envelope.
6. ☒ **DEMONSTRATE COMPLETION OF THE MATH REQUIREMENT:** Official transcripts with a BA/BS degree or an Intermediate Algebra course, or your score on the SAC Math Placement test must be provided.
7. ☒ **REVIEW APPLICATION FOR COMPLETENESS**
8. ☒ **DELIVER YOUR APPLICATION MATERIALS TO THE OTA PROGRAM BY THE DEADLINE:**
 - Monday, September 25, 2017 by 5 p.m.
9. ☐ **STATUS EMAIL:** By November 17, 2017 students will be notified via email regarding the status of their acceptance into the OTA program.

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PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

SECTION I: CONTACT INFORMATION			
Preferred Format (select only one): ☐ Spring 2018 (campus-morning) ☐ Fall 2018 (campus-afternoon/evening) ☒ First Available			Please Keep this Application on File ☒ Yes ☐ No
Last Name: Smith	First Name: John	Middle: J.	
Santa Ana College Student ID Number: 1234567	Email Address (required): johnsmith@sample.com		
Cell Phone: 714)555-0123	Alternate Phone: 714)555-1234		
Mailing Address: 1530 West 17th Street	City: Santa Ana	State: Ca	Zip Code: 92706
EDUCATIONAL BACKGROUND			Office Review
High School Completion ☒ Diploma or ☐ GED Sample High School			
College/University Name: ☐ AA/AS Degree Awarded or ☐ BA/BS Degree Awarded Year			

NOTE: Official transcripts pertinent to your earned degree must be included with this application unless your degree was earned from SAC or Santiago Canyon College.

SECTION II: PREREQUISITE VERIFICATION						
PREQUISITE COURSE or EQUIVALENT	Term/Year	Taken At (College)	Course Number & Name	Units	Grade	Office Review
Biology 149 , Human Anatomy and Physiology	Spring 15	SAC	Human Anatomy and Physiology; Biol 149	4.0	B	
Communication Studies 101/101H , Intro to Interpersonal Communication or 102 , Public Speaking, or 140 Argumentation and Debate, or 145 Group Dynamics, or 152 Oral Interpretation	Fall 13	SAC	Communication Studies COMM 101	3.0	A	
English 101 , Freshman Composition	Spring 13	SAC	Freshman Comp. Eng 101	3.0	A	
Psychology 100 , Introduction to Psychology	Fall 14	SAC	Intro to Psyc. Pysc 100	3.0	B	

NOTE: Official transcripts pertinent to the prerequisite courses must be included with this application unless they were completed at SAC or Santiago Canyon College.

