# Santa Ana College: Bachelor of Science in Occupational Studies Fall 2025 Student Application Checklist

PLEASE FILL OUT AND SUBMIT THIS CHECKLIST WITH YOUR COMPLETED APPLICATION

Last I	Name: First Name:
must	Occupational Studies program accepts applications on a rolling basis. To be considered for Fall 2025, applications be received by June 30, 2025. Any applications received on or after July 1, 2025 will be considered for Fall 2026 ssion.
1.	APPLY TO SANTA ANA COLLEGE (EVEN IF YOU ARE CURRENTLY A SANTA ANA COLLEGE STUDENT) — Choose Occupational Studies  BS  SAC in the Intended Major area.
2.	MET WITH OS COUNSELOR JOANNA CAMPOS ON (date) FOR A TRANSCRIPT REVIEW
3.	PRINT AND COMPLETE THE OCCUPATIONAL STUDIES APPLICATION  Your application should consist of two single-sided pages
4.	PROVIDE OFFICIAL COLLEGE TRANSCRIPTS: For classes taken from all colleges except SAC or SCC.  Transcripts must be in sealed envelope from the institutions to be considered as official. Please email ota@sac.edu regarding submission of electronic transcripts.  O Transcripts Enclosed  Transcripts on file at SAC
5.	REVIEW APPLICATION FOR COMPLETENESS. Incomplete application will not be reviewed and will be returned
how Appli sched	OS Program Coordinator will be conducting sessions for the Writing Sample. You will be emailed instructions on to join a writing sample session via Zoom video conferencing after all application materials have been received. cants requesting accommodation must contact the DSPS Office at 714-564-6295 or by email: <a href="mailto:dsps@sac.edu">dsps@sac.edu</a> to dule a DSPS Qualifying appointment. Applicants must provide the accommodation letter at least 1-2 weeks in nce of the writing sample.
	<b>FICATION:</b> Applicant will be notified of acceptance status within 4 weeks of application submission and completion e writing sample.
Stude	ent Signature: Date:

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## PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK ALL SECTIONS MUST BE COMPLETED

		SECTION I: CONT	ACT INFOR	RMATION			
Santa Ana Colle	ge Student ID Number:		Date:				
Last Name:			First Name:		Middle Initial:		
Email Address (	required):						
Cell Phone:			Alternate Phone:				
Mailing Address	5:						
City:			State:		Zip Code		
SECTION II: OTA EDUCATIONAL BACKGROUND							
College Name:							
Degree:				Year Graduated:			-
Date passed NB	COT exam:	NBCOT Certification #:		California OTA License Number:			
Other degree(s)	earned:			College Name & Year:			
NOTE: Official tran College.	scripts pertinent to your ea	rned degree must be included wit	h this applica	tion unless your degree was ea	rned from S	AC or Santiag	go Canyon
		SECTION III: HIGHEST L	EVEL OF N	MATH COMPLETED			Office
Term/Year	Course Name & Num	iber:			Units	Grade	Review
College Name:							

NOTE: Official transcripts pertinent to your Math course must be included with this application.

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### PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK ALL SECTIONS MUST BE COMPLETED

SECTION IV: ANATOMY AND PHYSIOLOGY VERIFICATION										
Completion Method		Term/Year	College	Course Number & Name	Grade	Office Review				
□ Combined course	Human Anatomy & Physiology									
□ Courses	Human Anatomy									
were taken separately	Human Physiology									
NOTE: Official tra	nscripts pertine	nt to your Anatomy a	and Physiology course must be incl	uded with this application.						