



Shawnee State University

For Office Use Only

**Application for Graduate Admission
Master of Occupational Therapy**

Please complete this application and return it, with the application fee, to the Occupational Therapy Department, Shawnee State University, 940 Second Street, Portsmouth, Ohio 45662-4344. You should arrange to have your college transcript and results of the GRE (if applicable) sent to the address above. The registrar from your previous institution must forward an official college transcript to the Occupational Therapy Department at Shawnee State University. All questions must be answered. If not applicable, answer N/A.

Social Security Number: _____

Name: _____ Date of Birth: _____
Last First M.I. Former Name Month/Day/Year

Permanent or Parent's Address: _____
Street City State Zip

Local Address: _____
(If different from above) Street City State Zip

Home Phone: () _____ Local Phone: () _____ E-mail Address: _____

College(s) Previously Attended: _____ Year of Graduation: _____

Degree(s) Earned: _____ Area of Study: _____ Year of Graduation: _____

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Citizenship:
 United States
 U.S. Permanent Resident (Reg. # _____)
 Other Country _____

Resident Status for Past 12 Months:
 Resident of Ohio
 Resident of Kentucky: _____ County
 Resident of another state

Dates you have lived in Ohio (you must choose one):
 Birth to present From (month/year) _____ To (month/year) _____ Never

Have you ever been convicted of a felony? Yes No If so, year _____

Housing/Living Arrangements:
 Off-Campus Housing
 On-Campus Housing

Year you plan to attend:

Fall _____
Year

Financially dependent students

Name the person upon whom you are dependent for more than half of your financial support:

First Name	M.I.	Last Name			
Residence Address:	Number & Street (required)	City	State/County	Zip	Phone (area code first)

Dates the person listed above has lived in Ohio (you must choose one):

Birth to present From (month/year) _____ To (month/year) _____ Never

Voluntary Disclosure:

*The information requested in the shaded area is used to report student and applicant demographic information to state and federal agencies. Your completion of this area is completely voluntary. This information will not be used for discriminatory purposes.**

Gender: Male Female

- Race/Ethnic: (1) Black or African-American
 (2) American Indian or Alaska Native
 (3) Asian
 (4) Hispanic or Latino
 (5) White
 (7) Native Hawaiian or Other Pacific Islander

Have either of your parents received a 4-year college degree? Yes No

* Shawnee State University does not discriminate in admission, access, or treatment in programs and activities or employment policies or practices on the basis of race, creed, sex, color, national or ethnic origin, religion, marital status, age, sexual orientation, or disability. Inquiries regarding Title IX may be directed to the Title IX coordinator, who is also the coordinator of special needs services, at 740.351.3276.

How did you hear about SSU? _____

I certify that the statements included in this application are accurate and true to the best of my knowledge. Any falsification of information may result in disciplinary action, including dismissal.

Signature

Date

\$30.00 application fee submitted.