

Academic Advising: BSOT Semester Plan

(Update 4.21.2026 by Ann Marie Allen)

Name:	SSU ID:
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Fall Semester (1st semester, Year 1)

Course Number	Course Title	Pre-req. Course	Credit Hours	✓
BSOT1101	Intro to Occupational Therapy History		1	<input type="checkbox"/>
BIOL1151*	General Biology 1	22 Math ACT	4	<input type="checkbox"/>
STAT1150 *	Principles of Statistics		3	<input type="checkbox"/>
ENGL1101/1102*	Discourse and Composition		3	<input type="checkbox"/>
PSYC1101*	Introduction to Psychology		3	<input type="checkbox"/>
UNIV1100*	1st Year Experience: University Foundations		1	<input type="checkbox"/>

Spring Semester (2nd semester, Year 1)

Course Number	Course Title	Pre-req. Course	Credit Hours	✓
PSYC2120 OR SOCI2212	Quantitative Methods in Psychology OR Quantitative Methods in Sociology	PSYC1101 and STAT1150	3	<input type="checkbox"/>
PSYC2130	Child and Adolescent Psychology	PSYC1101	3	<input type="checkbox"/>
ENGL1105*	Composition and Argumentation	ENGL1101	3	<input type="checkbox"/>
MATH1250	Trigonometry (If math ACT is 26 take elective)	Math placement 24-25	3	<input type="checkbox"/>
SOCI1101	Intro to Sociology		3	<input type="checkbox"/>

Summer Semester (Year 1) Optional

Course Number	Course Title	Credit Hours	✓
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Fall Semester (3rd semester, Year 2)

Course Number	Course Title	Pre-req. Course	Credit Hours	✓
BSOT2101	Intro to Occupational Therapy Theory	BSOT1101	1	<input type="checkbox"/>
BIOL1130	Principles of Anatomy and Physiology I		4	<input type="checkbox"/>
AHNR1102	Medical Terminology		2	<input type="checkbox"/>
GEP course*	Fine and Performing Arts		3	<input type="checkbox"/>
GEP course*	Oral Communication		3	<input type="checkbox"/>
Elective	See advisor for guidance		3	<input type="checkbox"/>

Spring Semester (4th semester, Year 2)

Course Number	Course Title	Pre-req. Course	Credit Hours	✓
BIOL1131	Principles of Anatomy and Physiology II	BIOL1130	4	<input type="checkbox"/>
PHYS2201	Physics 1	MATH1250	4	<input type="checkbox"/>
ANTH2250	Principals of Cultural Anthropology		3	<input type="checkbox"/>
GEP course*	Engaged Citizenry		3	<input type="checkbox"/>
BSHS3100	U.S. Healthcare System		3	<input type="checkbox"/>

Summer Semester (5th semester, Year 3)

Course Number	Course Title	Pre-req. Course	Credit Hours	✓
GEP course*	Engaged Citizenry		3	<input type="checkbox"/>
PSYC3130	Psychology of the Adult	PSYC1101	3	<input type="checkbox"/>
GEP course*	Historical Perspectives		3	<input type="checkbox"/>
PSYCXxxx	3000-4000 Upper-Level Psychology Course		3	<input type="checkbox"/>

Fall Semester (6th semester, Year 3)

Course Number	Course Title	Pre-req. Course	Credit Hours	✓
BSOT3101	Intro to Occupational Therapy Systems and Trends	BSOT2101	1	<input type="checkbox"/>
BIOL3660	Neuroanatomy	BIOL1131	4	<input type="checkbox"/>
PSYC3131	Death and Dying	PSYC1101	3	<input type="checkbox"/>
BSHS3342	Research Design for Healthcare		3	<input type="checkbox"/>
GEP course*	Literature		3	<input type="checkbox"/>
Elective	See advisor for guidance		3	<input type="checkbox"/>

Spring Semester (7th semester, Year 3)

Course Number	Course Title	Pre-req. Course	Credit Hours	✓
PSYC3160	Abnormal Psychology	PSYC2130	3	<input type="checkbox"/>
EXSC3050	Biomechanical and Functional Kinesiology	BIOL1130 and 1131	4	<input type="checkbox"/>
GEP course*	Ethical Insight and Reasoning		3	<input type="checkbox"/>
IDST4490*	Senior Seminar		3	<input type="checkbox"/>
Elective	See advisor for guidance		3	<input type="checkbox"/>

Fall Semester (Year 4) **Master of Science in Occupational Therapy**

Course Number	Course Title	Credit Hours	✓
MOT5550	Analysis of Human Occupation		<input type="checkbox"/>
MOT5555	Foundation of Occupational Therapy Practice		<input type="checkbox"/>
MOT5560	Health Conditions and Occupation		<input type="checkbox"/>
MOT5565	Functional Movement and Occupation		<input type="checkbox"/>
MOT6601	Research Concepts in OT Practice		<input type="checkbox"/>

Spring Semester (Year 4) **Master of Science in Occupational Therapy**

Course Number	Course Title	Credit Hours	✓
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Fall Semester (Year 5) Master of Science in Occupational Therapy

Course Number	Course Title	Credit Hours	✓
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Spring Semester (Year 5) Master of Science in Occupational Therapy

Course Number	Course Title	Credit Hours	✓
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Summer Semester (Year 6) Master of Science in Occupational Therapy

Course Number	Course Title	Credit Hours	✓
			<input type="checkbox"/>

Fall Semester (Year 6) [Master of Science in Occupational Therapy](#)

Course Number	Course Title	Credit Hours	✓
			<input type="checkbox"/>