



MASTER OF SCIENCE OCCUPATIONAL THERAPY

Declaration of Intent to Complete Degree Requirements

Based upon courses previously completed and successful completion of a projected plan of study, the following student applicant is expected to meet the requirements for a baccalaureate degree prior to the August start date.

Applicant Name: _____

College or University granting degree: _____

Degree: _____ **Major:** _____

Degree requirements to be completed Month: _____ Day: _____ Year: _____

To be completed by academic advisor, program chair, or equivalent.

Name of Individual Confirming Degree Completion Requirements:

Signature: _____

Position/Title: _____ **Date:** _____

To be completed by applicant:

By signing below I understand that all degree requirements must be complete prior to beginning the program. If I am unable to complete requirements by the deadline it is my responsibility to inform the program immediately which could result in forfeiture of my admission offer and any enrollment deposit.

Applicant Signature: _____

Date: _____ **Application Year** _____

This form must be uploaded to OTCAS and submitted by the application deadline.