



3 + 3 Doctor of Occupational Therapy Application

For Current Marquette Students Only

Instructions

Please print or type all information. Missing information will delay processing your application. Return this application including all parts to the Department of Occupational Therapy, 1700 W. Wells St. Milwaukee, WI 53233. Your advisor will complete and return the Degree Verification Form.

Application for admission to the Department of Occupational Therapy must be **received by February 2nd** of the year you intend to begin the OTD curriculum. **Transcripts of credits** from an institution other than Marquette where you fulfilled necessary prerequisite work must be sent to the Office of the Registrar at Marquette and **must arrive before February 2nd** in the year you are seeking admission.

If you have any questions about completing the forms, regarding the program, or the application process, contact the Department of Occupational Therapy at (414) 288-6655. You may also email Office Administrator, Derek Taylor at derek.taylor@marquette.edu

You are responsible for verifying that all materials have been received. **Applications will not be reviewed until all portions have been received by the department.**

Part I. Autographical Information

Name: _____ Date of Birth: _____

Social Security Number: _____ MUID Number: _____

Permanent home mailing address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home telephone: _____ Work telephone: _____

Current mailing address if different from above: _____

Current telephone: _____ Preferred email address: _____

Citizenship: ___ U.S. Citizen, permanent resident, or immigrant ___ U.S. visa holder ___ Other
Are you currently enrolled at Marquette ___ Yes ___ No (If no, date last attended): _____

Have you attended any other colleges or university: ___ Yes (if yes, list all other schools and dates) ___ No

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____



Part II. Prerequisites for Marquette Internal Transfer Students

Eligibility criteria to apply to the 3+3 early admission program:

- Majors: The 3+3 program is not restricted to specific majors. Within the College of Health Sciences, the majors of Exercise Physiology (EXPH), Psychology (PSYCH) and Biomedical Sciences (BISC) have developed specific pathways to allow for application and admission to the 3+3 program, please consult with your academic advisor. An undergraduate student in any other major must be on track to complete all degree requirements including the Marquette Core Curriculum (MCC) and all college/major/minor requirements, such that no greater than 34 total elective credits remain to complete the undergraduate degree upon entering the OTD program in the senior year.
- All prerequisites must be completed with a C grade or higher. Test credits (AP/IB/CLEP) will not satisfy prerequisites.
- A maximum of two prerequisites may be in progress at time of application, but only one of the two can be a science prerequisite.
- Students who transferred to MU from another institution must have a minimum of 30 total credit hours (2 semesters) completed at MU and meet all other 3+3 eligibility criteria.

Documentation of Prerequisites

Complete the information below in a typed or legibly written fashion. It is recommended that you make a copy of this form for your own reference.

| Prerequisites 31 Semester Cr. | Dept. & Course # | Course Title | Grade | Number of Units /Credits Sem. | Accredited 4-year Institution | Year & Term Complete | Planned Completion Year & Term |
|--|------------------|--------------|-------|-------------------------------|-------------------------------|----------------------|--------------------------------|
| Human Anatomy* and Human Physiology | | | | | | | |
| Biological Science | | | | | | | |
| Abnormal Psychology | | | | | | | |
| Developmental Psychology | | | | | | | |
| Humanities | | | | | | | |
| Social Science (other than psychology) | | | | | | | |
| Statistics | | | | | | | |
| Medical Terminology | | | | | | | |

** Human Anatomy may not be completed in online format

* Combined two-semester A&P or separate courses, at least one with lab. Applicants to the 3+3 program must complete both courses at MU.

Note: For courses that have been repeated, grades are averaged for each course.

Occupational Therapy Observations

| Dates | Service Type (vol. IPD) | Address | Setting | Hours |
|-------|-------------------------|---------|---------|-------|
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Or

Occupational Therapy Virtual Explorer Modules

___ I have completed the online Occupational Therapy Virtual Observation Modules, and have attached the necessary paperwork

Signature _____

Date _____

Part IV. Essay

Name: _____

Requirements:

1. Up to two double spaced typed pages
2. *12-point* font
3. *1-inch* margins all around

Please attach your response in the required format.

Purpose:

The purpose of this essay is to gauge your writing skill as well as your ability to reflect on the diversity of your life experiences and how these experiences relate to becoming an occupational therapist.

Question:

Tell us why you would like to become an occupational therapist, and how a doctoral degree in O.T. will help you achieve your immediate and long-term professional goals.

Part V. Letters of Recommendation

Three letters of recommendation required

Suggested authors include:

- undergrad major adviser or professor who can comment on academic ability and preparation for graduate-level studies
- work supervisor or manager who can comment on work ethic and related behaviors such as reliability, timeliness, and accountability
- an individual (not a relative) who can speak to your nature, character, goals, etc.

Letters of recommendation should be submitted directly to Dr. Erin Campbell (erin.campbell@marquette.edu) by the application deadline.

Part VI. Degree Completion Form



MARQUETTE
UNIVERSITY

College of Health Sciences
Occupational Therapy

Occupational Therapy Undergraduate Degree Completion Form

I certify that _____
Student's name

has a workable plan of intent to complete his / her bachelor's degree by _____* with a major of
Date

_____. If he / she successfully completes the course of study as
List Major

identified in his / her academic plan.

* *The undergraduate degree must be completed prior to the start of the final year of the program.*

Signature of Advisor _____

Date _____

Return this signed form via email to the Department of Occupational
Therapy Attn. Erin Campbell
erin.campbell@marquette.edu