



THE GRADUATE SCHOOL

www.salemstate.edu/graduate

352 Lafayette Street, Salem, MA 01970-5353

978.542.6323

email: graduate@salemstate.edu

Bachelor of Science/Master of Science (BS/MS) Occupational Therapy Application for Admission

For Office Use ONLY - Student ID#

SUBMIT THIS APPLICATION FORM TO THE GRADUATE SCHOOL WITH THE FOLLOWING:

- A \$35.00 non-refundable application fee made out to Salem State College – check or money order.
- Complete, official undergraduate transcripts from Salem State College.
- Official transcripts of any graduate courses taken or graduate degrees held.
- Applicants must submit two **Reference for Graduate Admission** forms (attached to application packet or available in the Graduate School or at www.salemstate.edu/graduate), including:
 - Educational references from an instructor, administrator, etc.
 - Professional references from a current supervisor, coworker, etc.
 References may attach a letter, but must also return the provided form.

- A 500- to 1,000-word, double-spaced statement of purpose addressing the following questions:

What factors in your personal and professional history have influenced you in the past and now lead you to seek admission to this program at Salem State College?

What are your long-term professional goals, and how will this program help you to meet them?

Is there any other information that you think would help the admissions committee to evaluate your application?

Application Deadline: May 31

Social Security Number: _____ Date: _____

Full Name: _____
Last Name First Name Middle Initial

Local Address: _____
No./Street City/Town State/Province Postal Code

Home Telephone: _____ Email Address: _____

Business Telephone: _____ Place of Employment: _____

Male: Female: Maiden Name or Other Name, if any: _____

Date of Birth: _____ Country of Birth: _____ Country of Citizenship: _____

Country and Address of Permanent Residency: _____

Are you a: U.S. Citizen Permanent U.S. Resident Other Non Immigrant

Resident Number: _____ F-1 F-2 J-1 J-2 Other

Check below the category that most closely describes your ethnic/racial recognition in the community (optional)

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan native | <input type="checkbox"/> Pacific Islander (Micronesian or Polynesian) |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White, not of Hispanic origin |
| <input type="checkbox"/> Black, not Hispanic origin | <input type="checkbox"/> Hispanic |

Number of graduate credits already earned at Salem State College, if any: _____

Grade Point Average (undergraduate studies): _____ Grade Point Average (graduate studies): _____

Honors or other special recognition of high scholarship/professional excellence:

Work Experience: (Please attach a current resume):

For international students only: I have completed a Certificate of Finance form: Yes No

It is important to note that any student who has been convicted of a prior felony may be considered ineligible by the National Board for Certification in Occupational Therapy (NBCOT) to sit for the NBCOT examination and may be unable to attain an OT license from the State Licensure Board.

I, the undersigned, have read and understand the above statement.

Applicant's Signature _____ Date _____