



DOCTOR OF 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 applicant is expected to meet the requirements for a baccalaureate degree prior to the start date in early May.

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: _____

Institution & Department:

Phone: _____ Email: _____

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.