MOTT COMMUNITY COLLEGE
Division of Health Sciences
OCCUPATIONAL THERAPY ASSISTANT
SUPPLEMENTAL APPLICATION

NAME: _____ ID#: _____
(last) (first) (middle) (maiden)

PRESENT ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____
(home) (business or other) (cell)

E-MAIL ADDRESS: _____

Matriculation Date (semester first attended courses at MCC): _____

ATTACH <u>OBSERVATION</u> FORM TO THIS SUPPLEMENTAL APPLICATION!

Incomplete applications will not be considered. It is the applicant's responsibility to see that his/her file is up-to-date at all times with regard to address, e-mail address, telephone numbers and transcripts from high school and/or other schools (including other colleges and universities attended).

Submit this Supplemental Application (along with the Observation form) to the Advising Office or Division of Health Science or OTA Program Coordinator (at SLBC) as soon as you have completed your eligibility requirements. If you are currently taking classes toward eligibility, they must be completed with a grade earned before you submit this form.

_____ _____
Signature Today's Date

Mott Community College will not discriminate in any of its admissions, educational programs/activities or employment policies or practices on the basis of race, gender, age, color, national origin, religion, height, weight, marital status, physical or mental handicap, sexual orientation, or veteran's status.

Revised: 8/20/09