

## THE UNIVERSITY OF SOUTH DAKOTA DEPARTMENT OF OCCUPATIONAL THERAPY APPLICATION FOR ADMISSION

Thank you for your interest in The University of South Dakota Department of Occupational Therapy! If you have any questions about this application, please call us at (605) 677-5600 or email us at [ot@usd.edu](mailto:ot@usd.edu). We look forward to receiving your application for admission!

### Materials required to complete this application:

- 1. Application Form:** Download a copy of the application, complete it and send it to the Occupational Therapy Department by mail. Please read all questions on the application and answer them completely. Applications should be typed. Faxed copies are not acceptable. Applications will be reviewed in light of academic preparation, leadership, understanding of occupational therapy, and quality of references. We offer two types of admission as listed below. Please indicate on your application the type of admission for which you are applying.
  - **Regular Admission**  
All applicants must have completed a baccalaureate degree or must be in their senior year of college. Minimum cumulative, prerequisite, and science prerequisite grade point average of 3.0 is preferred. A minimum of 6 of 9 prerequisite courses must be completed prior to application. All prerequisite courses must be completed prior to matriculation into the program. A minimum grade of C is required in all prerequisite coursework; a grade of A or B is preferred.
  - **Occupational Therapy Scholar Program** \*\*\*  
This program allows the sophomore or junior undergraduate student to apply for acceptance into the Occupational Therapy Program while completing his or her undergraduate degree. Students accepted into this program are guaranteed a seat in the OT Program the fall semester after they complete their undergraduate degree. Applicants for the Occupational Therapy Scholar Program must have an overall GPA of 3.5 and a science prerequisite GPA of 3.2.  
  
\*\*\* Other conditions apply to the Occupational Therapy Scholar admission procedures. Students wishing to learn more should contact the Department of Occupational Therapy at (605) 677-5600.
- 2. Application Fee:** An application fee of \$35.00 U.S. dollars must accompany each application for admission. The application fee cannot be waived or deferred and is not refundable.
- 3. Transcripts:** You must provide two official transcripts from each college or university attended. Graduates of the public universities within the regental system of South Dakota (USD, BHSU, DSU, NSU, SDSMT or SDSU) may provide unofficial transcripts for coursework done at these institutions. **All transcripts must be sent directly from the institution to the Occupational Therapy Department.** Should you complete coursework after submission of the application, two additional official transcripts (unofficial transcripts for graduates of the public universities within the regental system of South Dakota) must be provided after the coursework is completed. Applicants who apply before receiving the baccalaureate degree will be required to submit two final transcripts showing the degree conferred, before they start the first semester of graduate studies.
- 4. GRE Scores:** GRE scores should be sent directly from the testing service. Applicants are advised to take the GRE 6 weeks in advance to ensure receipt by the deadline.  
GRE Codes: USD=6881 or R6881, Occupational Therapy=0618
- 5. Letters of Recommendation:** In support of your application, three (3) letters of recommendation must be provided. Please **use the enclosed forms. You should have one letter from each of the following:**
  - a. An academic advisor;
  - b. An occupational therapist or qualified health professional who has worked with you in the past and who knows your character and suitability for working as an occupational therapist; and
  - c. An instructor or employer.

**These forms should be sent to the applicant in a sealed envelope with the signature of the author across the seal so that they can be submitted with the completed application.**

6. **Pre-Professional Information:** This information should be included on a separate sheet of paper and attached to the application. See page 9 of this application for instructions.

7. **Deadline for Applications:**

- Regular Admissions: Applications for admission will be accepted from September 1<sup>st</sup> to January 15<sup>th</sup> for enrollment the following fall semester. Applications will be processed once all materials are received. Personal interviews will be scheduled for qualified applicants.
- Occupational Therapy Scholar Program: Students may apply for this program from February 1<sup>st</sup> of their sophomore year to April 1<sup>st</sup> of their junior year of college. Applications will be processed once all materials are received. Personal interviews will be scheduled for qualified applicants.
- You are advised to mail your application "Certified, return receipt requested." Completed applications and supporting documents should be submitted to:

**Admissions Committee  
Department of Occupational Therapy  
The University of South Dakota  
414 East Clark Street  
Vermillion, SD 57069**

### **Notice of Nondiscriminatory Policy**

In accordance with the South Dakota Board of Regents Policy 1:19, the institutions under the jurisdiction of the Board of Regents shall offer equal opportunities in employment and for access to and participation in educational, extension and other institutional services to all persons qualified by academic preparation, experience, and ability for the various levels of employment or academic program or other institutional service, without discrimination based on race, color, creed, national origin, ancestry, citizenship, gender, sexual orientation, religion, age, or disability.

The Board reaffirms its commitment to the objectives of affirmative action, equal opportunity and non-discrimination in accordance with state and federal law. Redress for alleged violations of those laws may be pursued at law or through the procedures established by the provisions of 1:18 of this policy.

Admission decisions at the U are made without regard to disabilities. All prospective students are expected to present academic credentials at or above the minimum standards for admission and meet any technical standards that may be required for admission to a specific program. If you are a prospective student with a disability and need assistance or accommodations during the admission/application process, please contact the Director of Disability Services, 119B Service Center North, USD, Vermillion, SD 57069. Phone: 605-677-6389 Fax: 605-677-3172 E-Mail: [disabilityservices@usd.edu](mailto:disabilityservices@usd.edu)

## **INTERNATIONAL STUDENTS APPLICANTS MUST INCLUDE:**

- 1. Application Form:** As listed above
- 2. Application Fee:** An application fee of \$35.00 U.S. dollars must accompany each Application for Admission. The application fee cannot be waived or deferred and is not refundable.
- 3. Transcripts:** You must provide two official transcripts from each college or university attended with English translation and the degree of equivalent clearly stated. Applicants must have the equivalent of a baccalaureate degree earned from an accredited college or university in the United States. You must also provide an assessment from Educational Credential Evaluators, an approved credential evaluation agency. The assessment should include a course-by-course evaluation of the foreign course work. You may contact Educational Credential Evaluators by telephone at 414-289-3400 or by their website at [www.ece.org](http://www.ece.org).
- 4. Letters of Recommendation:** As listed above
- 5. Pre-Professional Information:** As listed above
- 6. Original Financial Documents:** A statement of finances and certified bank statement or sponsor's letter showing that the student is financially self-supported are required.
- 7. Official Financial Ability Form:** A copy of this form can be retrieved at <http://www.usd.edu/graduate-school/international-admissions.cfm>. **International students must be self-supporting.**
- 8. English Proficiency:** International students, whose native language is other than English, must submit original documentation of English proficiency unless they have obtained an undergraduate degree or previous degrees from a U.S. college or university. This can be done in one of the following ways:
  - a. Test Of English as a Foreign Language (TOEFL) exam score report: A score of 550 on the paper test, a score of 213 on the computer-based test, or a score of 79 on the Internet-based test is required. TOEFL scores may be no more than 12 months old. Test scores should be sent to The University of South Dakota. The University's code to receive official scores is 6881.
  - b. International English Language Testing Service (IELTS) exam score report: A minimum score of 6.0 is required.
  - c. ELS score report: A score of 110-112 is required.
- 9. For permanent residents only:** A photocopy of both sides of your Green Card (I-551) is required.

A letter of notification of the student's status from the Office of Research and Graduate Education will be sent to the International Student Advisor. The International Student Advisor will notify the student directly of admission or rejection into the program to which was applied. If the student has been admitted into the Graduate School, the International Student Advisor will send the Letter of Admission, the Certificate of Eligibility (I-20 Form), and other information students will need to obtain their visa.

A foreign student should not depart from home to attend The University of South Dakota until notification of admission has been received and the Certificate of Eligibility (I-20 Form) has been issued to the student.

**Please contact the Office of International Student Advising with any questions about requirements for international students. You may reach them by telephone at (605) 677-5332 or (605) 677-6287 or by e-mail at [isso@usd.edu](mailto:isso@usd.edu).**



## ESSENTIAL FUNCTIONS OF THE UNIVERSITY OF SOUTH DAKOTA OCCUPATIONAL THERAPY STUDENT

A Master of Science degree in Occupational Therapy signifies that the holder is eligible to sit for the National Board for Certification in Occupational Therapy Examination, and that the holder is prepared for entry into the profession of occupational therapy. Therefore, it follows that graduates must have knowledge and skills to function in a broad variety of clinical, community, or school environments and to render a wide spectrum of occupational therapy services. All students admitted to the Occupational Therapy Program at The University of South Dakota must meet the abilities and expectations outlined below.

Regarding those students with verifiable disabilities, the university will not discriminate against such individuals who are otherwise qualified, but will expect applicants and students to meet certain minimal technical standards (essential functions) as set forth herein with or without reasonable accommodation. In adopting these standards, the university believes it must keep in mind the ultimate safety of the clients whom its students and graduates serve. The standards reflect what the occupational therapy program believes are reasonable expectations required of students and practitioners in performing essential functions of the profession.

- I. **Sensory Processing Demands:** Participating as a student requires functional use of vision, hearing, and touch along with awareness of body position and movement. Specific visual skills required include near and far vision, peripheral vision, color vision, and depth perception. Students must be able to perceive and interpret sensory information accurately to provide quality client care.
- II. **Cognitive Demands:** The successful occupational therapy student maintains a high level of alertness and responsiveness during classroom and fieldwork situations. The student must possess the ability to focus on a task for a prolonged period of time to allow for successful learning to take place. In addition, the occupational therapist must be able to recall information and organize information in an efficient and useful manner. This includes the ability to acquire, retain, and prioritize informational data, conceptualize and integrate abstract information, apply theoretical knowledge to specific client populations and justify a rationale for therapeutic interventions, and problem-solve to create innovative and practical solutions.
- III. **Physical Demands:** The successful occupational therapy student must possess sufficient motor abilities to allow for treatment intervention with a variety of clients. This includes functional use of all four extremities, which would allow the student to carry out assessments and to provide therapeutic interventions. Quick reactions are necessary not only for safety, but for one to respond therapeutically in most clinical situations. The student also needs to demonstrate good mobility skills including the ability to walk, climb, stoop, kneel, crouch, and crawl to allow one to complete therapeutic interventions on all types of surfaces. The student is regularly required to maintain positions for extended periods of time such as sitting, standing and writing. The student frequently is required to demonstrate good arm placement to allow for reaching and positioning of hands to successfully manipulate large and small objects. The student must be able to lift and carry up to 50 pounds, and push or pull up to 100 pounds.
- IV. **Psychosocial Demands:** The student must display the emotional maturity to interact with a variety of individuals with diverse age, diagnoses, culture, and socioeconomic backgrounds. The student frequently needs to address multiple, demanding tasks simultaneously and therefore needs to have established strategies for stress management.

V. **Communication Demands:**

**Written:** The student must be able to effectively communicate in written English. The format can range from a brief note with appropriate use of abbreviations to a descriptive narrative.

**Verbal and Nonverbal:** The student must be able to produce the spoken word and to interpret factual information along with nonverbal cues of mood, temperament, and social responses from clients, supervisors, and peers. Response to emergencies / crisis situations, as well as more routine communication must be appropriate to the situation. Communication must be accurate, sensitive, and effective.

**Reading:** The student must be able to read and comprehend information in English from a variety of written sources (e.g., textbooks, professional journals, medical/school records, and government regulations).

VI. **Environmental Demands:** The occupational therapy student must be able to negotiate and successfully achieve access to multiple environmental situations. These environmental situations may be physical, social, or cultural.

The physical environment would consist of nonhuman aspects. The student is occasionally exposed to wet or humid conditions (non weather); work near moving mechanical parts, fumes or airborne particles, hazardous materials, blood borne pathogens, outdoor weather conditions, risk of electrical shock, risk of radiation, and vibration. The noise level in the work environment will range from a classroom situation in which the noise level is low to an industrial or clinical environment where then noise level may be high.

The social environment would consist of norms, expectations, and routines of different environments. The occupational therapy student will be exposed to multiple treatment environments, which have implicit and explicit rules for behavior.

The occupational therapy student must demonstrate multicultural competency to interact with multiple client populations. Multicultural competency as outlined by the American Occupational Therapy Association include awareness of one's culture, willingness to explore and become knowledgeable about another culture, being respectful to individual diversities, and being able to select culturally sensitive therapeutic interventions.

VII. **Professional Behaviors:** The student is expected to demonstrate professional behaviors and attitudes during his/her participation in the classroom and clinical settings. This includes, but is not limited to: commitment to learning, dependability, written and verbal communication, interpersonal skills, professionalism, cooperation, clinical reasoning, and intrapersonal coping skills. Faculty will assess and mentor the development of each student's professional behavior. Students must be able to give and receive constructive criticism. Responsiveness to constructive criticism from faculty, clinical instructors, and peers is essential for success.

**Comments:** The description above is intended to reflect the essential functions in a general manner. It is not all-inclusive, and is not a contract, expressed or implied. The description also attempts to describe functions in multiple contexts from the didactic experience to the fieldwork experience. Keeping this in mind some essential functions may increase or decrease depending on the context.



**ACADEMIC HISTORY**

1. List in reverse chronological order (most recently attended first) every institution (including high school) you have attended or are attending. **Two** transcripts must be sent directly from each college or university listed to the USD Occupational Therapy Department. If you are a graduate of one of the public universities within the regental system of South Dakota (USD, BHSU, DSU, NSU, SDSMT or SDSU), only unofficial transcripts are required for coursework done at those institutions. Please use additional paper if needed.

Institution \_\_\_\_\_  
City/State \_\_\_\_\_  
Dates of Attendance (Month/Year) \_\_\_\_\_ to \_\_\_\_\_  
Major \_\_\_\_\_ Minor \_\_\_\_\_  
Degree Earned/Expected \_\_\_\_\_  
Date of Graduation or Expected Graduation \_\_\_\_\_

Institution \_\_\_\_\_  
City/State \_\_\_\_\_  
Dates of Attendance (Month/Year) \_\_\_\_\_ to \_\_\_\_\_  
Major \_\_\_\_\_ Minor \_\_\_\_\_  
Degree Earned/Expected \_\_\_\_\_  
Date of Graduation or Expected Graduation \_\_\_\_\_

Institution \_\_\_\_\_  
City/State \_\_\_\_\_  
Dates of Attendance (Month/Year) \_\_\_\_\_ to \_\_\_\_\_  
Major \_\_\_\_\_ Minor \_\_\_\_\_  
Degree Earned/Expected \_\_\_\_\_  
Date of Graduation or Expected Graduation \_\_\_\_\_

**High School**

Name of High School \_\_\_\_\_  
City/State \_\_\_\_\_ Year Graduated \_\_\_\_\_

2. Graduate Record Exam (GRE). Official scores should be sent directly from the testing service.

I \_\_\_\_\_ plan to take \_\_\_\_\_ took the GRE on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and my scores are:  
Month / Day / Year

Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical Writing \_\_\_\_\_

3. TOEFL – (for international students only)

I \_\_\_\_\_ plan to take \_\_\_\_\_ took the TOEFL on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and my scores are:  
Month / Day / Year

Sec 1 \_\_\_\_\_ Sec 2 \_\_\_\_\_ Sec 3 \_\_\_\_\_ Total \_\_\_\_\_

Applicant's Name \_\_\_\_\_

4. Indicate the courses you have taken, are currently taking, or will take that fulfill the prerequisite requirements. **Please submit course descriptions for all non-USD courses as an attachment to your application.** If you wish to request a substitution or waiver of a course, you must do so in writing.

Please note that the listed course numbers are USD course numbers. All courses must be equivalent to USD courses. Please refer to the prerequisite course requirement information sheet for course descriptions. One course may not fulfill the requirement for multiple prerequisite courses.

Prerequisite Courses and Required Credit Hours	Complete Course Number and Name of Course you Took or will Take	Credit Hours	Semester and Year Course Completed	Semester and Year Course Will be Taken	College or University	Grade
<b>Example:</b>	<b>ENGL 101, Composition</b>	<b>3</b>	<b>Summer 2009</b>	<b>N/A</b>	<b>The University of South Dakota</b>	<b>A</b>
Human Anatomy (3cr) (ANAT 142 or PHGY 220)						
Human Physiology (3cr) (PHGY 210 or PHGY 230)						
Biology (6cr) (Any 2 of: BIO 151/L, BIO 153/L, BIO 161/L, BIO 162/L, BIO 163/L, BIO 164/L)						
General Psychology (3cr) (PSYC 101)						
Abnormal Psychology (3cr) (PSYC 451)						
Lifespan Development (3cr) (PSYC 321) * This must be a <u>lifespan</u> development course.						
Intro. to Statistics (3cr) (STAT 281 or PSYC 371 or BIOL 420)						
Cultural Anthropology (3cr) (ANTH 210) or Intro. to Sociology (SOC 100)						

5. If for any reason your GPA score does not reflect what you believe your capabilities to be, you are invited to prepare additional information that would reflect any experiences that you believe to be pertinent in allowing the University to adequately evaluate your capabilities. Please use an additional sheet of paper if necessary.

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## REFERENCES

List the three (3) people you are asking to write letters of recommendation. They should be familiar with your professional and educational work and be able to evaluate your potential success as a graduate student. Refer to the recommendation form for further instructions.

<u>Name/Title</u>	<u>Relationship to You</u>	<u>Telephone Number</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

## PRE-PROFESSIONAL INFORMATION

Please provide the following information on an attached sheet of paper. It should be no more than two pages and should be typed, using 12-point font.

- Work or Volunteer Experience in Occupational Therapy or a Related Area  
A *related area* may be any area in which you have worked with individuals with physical, mental, or social limitations. List each relevant experience in reverse chronological order (beginning with the most recent). Include the following: dates of service (mm/yy to mm/yy), the facility name and location, description of duties, and your supervisor's name and credentials.
- Education and Leadership  
List academic awards, achievements, and organizations in which you are involved. Include the following: dates of service (mm/yy to mm/yy), university or college, and any offices held in the organizations.
- Community Service  
List any involvement you have had in community service. Include the following: dates of service (mm/yy to mm/yy), description of duties, and location.
- Reasons You Wish to Pursue Occupational Therapy as a Career  
Briefly explain the reasons you wish to pursue occupational therapy as a career.
- Reasons for Applying to The University of South Dakota  
Briefly explain the reasons you wish to attend the Occupational Therapy Program at The University of South Dakota.

**DISCIPLINARY ACTION HISTORY**

Please answer the following questions. **Please provide an explanation for each “Yes” response on a separate piece of paper, with a complete description of dates and events. You must also include ALL supporting applicable documents.**

- 1. Have you ever been convicted, pled guilty or no contest, or been granted a deferred judgment or sentence with respect to a felony, misdemeanor or petty offense (including drug and/or alcohol violations) other than minor traffic violations? \_\_\_ YES \_\_\_ NO
- 2. Are there any pending criminal prosecutions against you? \_\_\_ YES \_\_\_ NO
- 3. Have you ever had privileges revoked, reduced, or otherwise restricted at any hospital or other healthcare provider entity? \_\_\_ YES \_\_\_ NO
- 4. Have you ever been treated for abuse or misuse of any alcohol or chemical substance? \_\_\_ YES \_\_\_ NO
- 5. Have you experienced a physical, emotional, or mental condition that has endangered the health or safety of yourself and/or persons entrusted in your care? \_\_\_ YES \_\_\_ NO
- 6. Has any professional license or certificate ever held by you in any state or country been denied, revoked, suspended, stipulated, placed on probation, or otherwise subject to any type of disciplinary action? \_\_\_ YES \_\_\_ NO
- 7. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you? \_\_\_ YES \_\_\_ NO

**I have read and understand the following:**

The Essential Functions of the USD Occupational Therapy Student: \_\_\_ YES \_\_\_ NO

The University of South Dakota requires criminal background checks as part of conditional admission to all health professions programs. Background checks will be performed only after the applicant has received notice of conditional admission. Felony convictions may result in denial of acceptance to the program and/or eligibility of licensure. Drug screening checks may be required for licensure and/or clinical placement. \_\_\_ YES \_\_\_ NO

**The School of Health Sciences programs reserve the right to deny admission based on the best interest of the profession.**

I certify that the information submitted is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements I have made, however, I understand the Admissions Committee will rely on my representation of the facts and is not obligated to confirm or investigate. I understand that any false, misrepresented, or missing information will disqualify me from further consideration for admission to the USD Occupational Therapy Program. Further, in the event that my acceptance into the program has been granted prior to the discovery of such false, misrepresented, or missing information, such discovery may be cause for dismissal from the USD Occupational Therapy. I also understand that if I am convicted, plead guilty or no contest, or receive a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations) while in the program, I will report the offense in writing to the Chair of Occupational Therapy. The offense will be referred to the Occupational Therapy Faculty and the Dean of the Graduate School. Further action would be subject to the jurisdiction of the Student Code of Conduct. I also understand that admission or graduation from a health professions program does not guarantee obtaining a license or certificate to practice. Licensure and certification requirements and the subsequent procedures are the exclusive right and responsibility of the state Boards regulating professional practice.

**I agree to all stipulations as stated above.**

**Signature of Applicant**

June 2009

Section III: Application

**Date**

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**Please indicate:**

1. I \_\_\_ have requested 2 official transcripts from each college or university attended. All transcripts will be sent directly from the university/college to the Occupational Therapy Department.  
  
I \_\_\_ give you permission to request unofficial transcripts for coursework done at one of the public universities within the regental system of South Dakota (USD, BHSU, DSU, NSU, SDSMT or SDSU). Only unofficial transcripts are required for graduates of these institutions.
2. I \_\_\_ have requested an official score report for the GRE general test.
3. I \_\_\_ am enclosing \_\_\_ have requested three (3) letters of recommendations.
4. I \_\_\_ have enclosed the \$35.00 application fee. (Check or money order.)
5. I \_\_\_ am enclosing \_\_\_ have requested an official score report for the TOFEL (For international students only)

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**Signature of Applicant**

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**Date**

It is the policy of the University of South Dakota not to discriminate on the basis of race, color, religion, national origin, sex, age, disability, or status as a Vietnam Era Veteran in admission to its educational program and activities, as prescribed in Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Executive order 11246, as amended, the Rehabilitation Acts of 1974-76, Chapter 20-13 of the SDCL, and all other applicable federal and state regulations and guidelines.



The University of South Dakota

SCHOOL OF HEALTH SCIENCES  
OCCUPATIONAL THERAPY

THE UNIVERSITY OF SOUTH DAKOTA  
DEPARTMENT OF OCCUPATIONAL THERAPY  
APPLICATION FOR ADMISSION  
RECOMMENDATION FORM

Name of Applicant: \_\_\_\_\_

**TO THE APPLICANT:**

The Buckley Amendment of the Family Privacy Act allows applicants to inspect and review all materials in their files, except for letters of recommendation written prior to January 1, 1975.

This document, when completed, will be utilized by faculty to evaluate your qualifications for admission into the Occupational Therapy graduate program. It may also be used to assist in the selection of graduate assistants. Before submitting this form to the person who will be writing your recommendations, please check one of the following statements relative to the confidentiality of your files.

I **DO** wish to waive my right to see this document. \_\_\_\_\_

I **DO NOT** wish to waive my right to see this document. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

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**TO THE PERSON MAKING THIS RECOMMENDATION:**

The above named applicant has given your name as a reference. We would appreciate your cooperation in providing the following information regarding the applicant's qualifications. This form should be sent directly to the student in a sealed envelope, with your signature across the back. The applicant will include the recommendation with the completed application.

1. Check each line at the appropriate point on the scale to show the applicant's rating on the characteristic concerned.

CHARACTERISTICS	HIGH	AVERAGE	LOW	CANNOT JUDGE
General Intelligence				
Knowledge of Field				
Maturity				
Motivation				
Research Potential				





The University of South Dakota

SCHOOL OF HEALTH SCIENCES  
OCCUPATIONAL THERAPY

THE UNIVERSITY OF SOUTH DAKOTA  
DEPARTMENT OF OCCUPATIONAL THERAPY  
APPLICATION FOR ADMISSION  
RECOMMENDATION FORM

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I **DO NOT** wish to waive my right to see this document. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

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5. Check each line at the appropriate point on the scale to show the applicant's rating on the characteristic concerned.

CHARACTERISTICS	HIGH	AVERAGE	LOW	CANNOT JUDGE
General Intelligence				
Knowledge of Field				
Maturity				
Motivation				
Research Potential				

6. Do you think the applicant is sufficiently prepared to undertake graduate work?

7. How long and in what connection have you known the applicant?

8. Please use this space to make comments concerning the applicant's strengths and weaknesses. Comments should pertain to the applicant's ability to undertake graduate studies. Be as specific as possible.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete and return the form directly to the applicant in a sealed envelope with your signature across the back. The applicant will include this recommendation with the completed application.**



The University of South Dakota

SCHOOL OF HEALTH SCIENCES  
OCCUPATIONAL THERAPY

THE UNIVERSITY OF SOUTH DAKOTA  
DEPARTMENT OF OCCUPATIONAL THERAPY  
APPLICATION FOR ADMISSION  
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I **DO** wish to waive my right to see this document. \_\_\_\_\_

I **DO NOT** wish to waive my right to see this document. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

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CHARACTERISTICS	HIGH	AVERAGE	LOW	CANNOT JUDGE
General Intelligence				
Knowledge of Field				
Maturity				
Motivation				
Research Potential				

10. Do you think the applicant is sufficiently prepared to undertake graduate work?

11. How long and in what connection have you known the applicant?

12. Please use this space to make comments concerning the applicant's strengths and weaknesses. Comments should pertain to the applicant's ability to undertake graduate studies. Be as specific as possible.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete and return the form directly to the applicant in a sealed envelope with your signature across the back. The applicant will include this recommendation with the completed application.**

END OF APPLICATION. THIS PAGE DOES NOT NEED TO BE PRINTED OR RETURNED.