

The Sage Colleges Program in Occupational Therapy
45 Ferry Street, Troy, NY 12180 (518) 244-2267

Occupational Therapy Program Prerequisite Record
 (return this form to the Occupational Therapy Department)

Name of Student: _____

Indicate Anticipated Entry Date to the Occupational Therapy Program (August 20xx): _____

Program Prerequisite Record

For each of the program's prerequisite courses or activities listed below, indicate the timeframe during which they have been completed, are in progress, or the anticipated date of completion. For completed coursework, indicate the grade received.

	<i>Semester/Year Completed</i>	<i>Grade Received</i>	<i>Semester/Year in Progress</i>	<i>Anticipated Completion Date</i>
Anatomy & Physiology I with lab				
Anatomy & Physiology II with lab				
Physics I with lab				
Introduction to Psychology				
Human Development				
Abnormal Psychology				
Statistics				
Clinical Observation Hours				

Additional Comments:

Signature: _____ Date: _____