Print Form

APPLICATION FOR ADMISSION
Associate of Applied Science Occupational Therapy Assistant Program
East Arkansas Community College
(870) 633-4480, Ext. 270 or (870) 633-7222 (FAX)

Please type or print:

Name: _____ _____ _____ _____
Last **First** **Middle** **Maiden**

Address: _____ _____ ____ _____
Street/P.O. Box **City** **State** **Zip Code**

Phone: _____ _____ _____
Home **Cell** **Work**

ID #: _____ **E-mail:** _____

Please indicate type of admission sought:

_____ Initial Application _____ Readmission _____ Transfer

List all college/universities/technical schools attended. It is the student's responsibility to contact all of the institutions previously attended and request your **OFFICIAL** transcript be sent to **BOTH** the **Office of the Registrar and Department of Allied Health Science – Occupational Therapy Assistant Program**. Please use back of form, if more space is needed.

Note: Each transcript must be sent even if grades are recorded on another transcript. All transcripts must be mailed directly from the institution(s) to be considered official. All requested transcripts and information must be received by the application deadline.

_____
College **Dates Attended**

_____
College **Dates Attended**

_____
College **Dates Attended**

I certify that the above information is accurate. Applicants who misrepresent/omit information from the application form become ineligible for admission or subject to dismissal after admission has been granted.

SIGNATURE: _____ **DATE:** _____