MERCY UNIVERSITY
School of Health
and Natural Sciences

Occupational Therapy Assistant Program
Program Application

(Please Print)

Date Submitted: _____   **MERCY ID NUMBER**: _____

Name:_____
　　　　　　(last)　　　　　　　　(first)　　　　　　　(middle/maiden)

Last 4 digits of Social Security No.: _____ Birthdate: _____

Present Address: (PLEASE INCLUDE APARTMENT NUMBER IF APPLICABLE)

_____ Apartment: _____

_____
　　　(city)　　　　　　　　　　　(state)　　　　　　　　　　(zip)

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

E-Mail Address:_____

Current Employer: _____**Work Phone:** _____

Notify in an Emergency: _____

Relationship: _____ **Phone:** _____

Previous Education: (High School and/or University)
School　　　　　　　　　**City/State**　　　　　**Diploma or Degree**　　**Date of Degree (if applicable)**
_____
_____
_____

PLEASE NOTE:
Acceptance will be based on a scoring and ranking of your grade point average, recommendation forms, the interview and an on-site essay.
___ I am applying as a candidate to the Occupational Therapy Assistant Program.

___ I have already met with an admissions counselor for evaluation of my transfer credits and have filed an
　　undergraduate application for admission to Mercy University.

___ I understand that all prerequisite courses must be completed prior to starting the 1 year intensive OTA
　　 program.

___ I understand that a minimum grade point average of 2.75 is required in order for my application to be considered.

_____　　　　_____
　　　　Signature　　　　　　　　　　　　　　　　　　　**Date**
CD: Revised 9.18.23