

**SAN JOSE STATE UNIVERSITY  
DEPARTMENT OF OCCUPATIONAL THERAPY  
PATTERN I - UNDERGRADUATE PERSONAL DATA FORM**

Date: \_\_\_\_\_ Anticipated Enrollment in OT major Courses FALL \_\_\_\_\_

Name: _____			SS#: _____		
Last	First	Middle			
Current Address: _____					
Street	City	State	Zip		
Phone#: _____		Other Phone#: _____			

Email Address \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Permanent Phone #: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

Ethnic Identity (optional): \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Currently Enrolled in (College or University): \_\_\_\_\_

Required Courses For the Major	Final Grade					In Progress	Repeated Once	Repeated More than once
	A	B	C	+	-			
Biology 065 (Anatomy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biology 066 (Physiology)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phys 001 (Physics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soc 080 (Social Problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psych 001 (General Psych)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stats 095 (Statistics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psych 110 (Abnormal Psych)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biology 109 (Neuroanatomy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Studio Arts Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you successfully completed at least...	<b>Yes</b>	<b>No</b>	<b>In Progress</b>
40 hours volunteer work under the supervision of an occupational therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 hours volunteer work under the supervision of community agency supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List Colleges and Universities you have attended:

Name of School	City/State	Major/Minor	Date

Have you completed all University requirements:	<b>Yes</b>	<b>No</b>	<b>In Progress</b>
Lower division general education units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passed the Writing Skills Test (WST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed 12 units of SJSU Studies Courses (can only be taken at SJSU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall G.P.A. \_\_\_\_\_ Number of Semester Units Completed \_\_\_\_\_

Have you made formal application to the Office of Admission and Records of San Jose State University?  
\_\_\_\_\_ if yes, date of application \_\_\_\_\_ for what semester \_\_\_\_\_

Briefly describe your experience in the health field and factors that influenced your choice of occupational therapy as a profession. (you may attach your statement on a separate sheet of paper)

“I certify that to the best of my ability the information stated herein is accurate.”

I am also enclosing copies of my transcripts and volunteer forms    yes \_\_\_\_\_    no \_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date