

Indiana State University

College of Health and Human Services

Department of Applied Medicine and Rehabilitation

M.S. Occupational Therapy

Admission Course Equivalency

Purpose: The purpose of this form is to determine if prior coursework will fulfill course requirements.

Instructions: Complete the information requested on this form and supply all indicated documents. The primary areas the faculty will be reviewing are the course content and time frame in which the course was taken. Since each course is unique, other areas may also be considered. In order for us to process information it must be legible. Please note: the review process for course equivalency, confirmation or denial, may take several weeks, depending on volume of courses to be reviewed.

Email form to the [OT Program](#)

Student Name:

Preferred Contact Information:

- Phone:
- Email:

Prerequisite: (Circle One)	College or University	Year	Course Number	Course Title / Name	Credit Hours	Grade
Human Anatomy						
Catalog Course Description (Include the URL address)						
Anatomy Lab						
Catalog Course Description (Include the URL address)						
Human Physiology						
Catalog Course Description (Include the URL address)						
Physiology Lab						

Catalog Course Description (Include the URL address)						
Statistics						
Catalog Course Description (Include the URL address)						
Medical Terminology						
Catalog Course Description (Include the URL address)						
General Psychology						
Catalog Course Description (Include the URL address)						
Lifespan Psychology						
Catalog Course Description (Include the URL address)						
Abnormal Psychology						
Catalog Course Description (Include the URL address)						
Sociology or Anthropology						

I believe the course(s) are equivalent to the Indiana State University course for the following reason:

For OT Admissions Committee Use:

Approved ___ Date _____ ACOTE Standard: _____

Describe how ACOTE standard was met: _____

Request for Additional Information _____ Date _____

Approved contingent upon _____

Denied ____ Date ____ Comments _____

Program Director Signature _____ Date _____