

# 3+3 Entry-Level Clinical Occupational Therapy Doctorate (OTD) Program Application

For Current Marquette University Students Only

#### **INSTRUCTIONS**

Please print or type all information. Missing information will delay processing of your application. Return this application together with the prerequisite forms, and the Advisor Verification form to the Department of Occupational Therapy. This can be a physical copy delivered to 1700 W. Wells St., Milwaukee, WI 53233 or via email to <a href="mailto:erin.campbell@marquette.edu">erin.campbell@marquette.edu</a>.

Please note that our cohorts begin in May. Application for admission to the Department of Occupational Therapy must be received by December 1st prior to the year you intend to begin the OTD curriculum (example: December 1, 2025 for a May 2026 start). Transcripts of credits from an institution other than Marquette where you fulfilled necessary prerequisite work must be sent to the Office of the Registrar at Marquette University and must arrive before May 1<sup>st</sup> of the year you are seeking admission.

If you have any questions about completing the forms, questions regarding the program, or questions with the application process, please contact the Department of Occupational Therapy at (414) 288 – 6655. You may also email the Office Administrator, Derek Taylor, at derek.taylor@marquette.edu.

You are responsible for verifying that all materials have been received. Application will not be reviewed until all portions have been received by the department.

PART I: AUTOGRAPHICAL INFORMATION						
Name:			Date of Birth:			
Social Security Number:			MUID Number:			
Permanent home mailing	g address:					
City:	State:	Zip Code:	Country:			
Home telephone:		Work pho	one:			

City:	State:	State: Zip Code:		Country:		
Currant telephone:		Preferred	erred Email:			
Citizenship:  U.S. Citize U.S. visa b Other	' 1	sident, or immigrant				
Have you attended any No Yes (if yes	other colleges or s, list all other sch	•				
			From: From:	To: To:		
			From:	To: To:		

## PART II: PRE-REQUISITES FOR MARQUETTE INTERNAL TRANSFER STUDENTS

See website for most updated prerequisite information (<a href="https://www.marquette.edu/occupational-therapy/three-plus-three.php">https://www.marquette.edu/occupational-therapy/three-plus-three.php</a>).

### **Documentation of Prerequisites**

Please complete the information below in a typed or legibly written fashion. It is recommended that you make a copy of this form for your own reference.

Prerequisite	Department and Course Number	Course Title	Grade	# of Units/Credits	Accredited 4-year Institution	Year and Term Complete OR Planned Completion Term/Year
Human Anatomy*						
Human Physiology*						
Biological Sciences						
Abnormal Psychology						
Humanities						
Social Science						
Statistics						
Medical Terminology						

Human Anatomy and Physiology may not be completed in online format

<sup>\*</sup>Combined two-semester A&P or separate courses, at least one with lab.

#### PART III: OCCUPATIONAL THERAPY OBSERVATIONS

Introduction to Occupational Therapy course (OCTH 1001) counts as 20 hours of observation (course not required, but recommended for 3+3 applicants).

Dates	Service Type (observation/volunteer)	Address (City, State)	Setting	Patient Diagnoses/Populations Observed	Total Hours

## PART IV: SUPPORTING INFORMATION (EXTRACURRICULAR ACTIVITES, JOBS/INTERNSHIPS, VOLUNTEER/COMMUNITY ENRICHMENT, RESEARCH, HONORS)

Extracurricular Activities – this can include sports, clubs, Greek life, etc.

Organization/Activity	Address (City, State)	Experience Dates	Total Hours	Leadership Role? (Y/N) – if yes, explain	<b>Experience Details</b>

## Jobs/Internships

Organization	Address (City, State)	Dates	Total Hours	Leadership Role? (Y/N) – if yes, explain	Role Details

## Volunteer/Community Enrichment

Organization/Activity	Address (City, State)	Experience Dates	Total Hours	Leadership Role? (Y/N) – if yes, explain	<b>Experience Details</b>

## Research

Organization/Activity	Address (City, State)	Experience Dates	Total Hours	Leadership Role? (Y/N) – if yes, explain	<b>Experience Details</b>

## Honors – this includes Dean's list and any other awards/honors/scholarships received

Name	Organization	Date	Description

#### **PART V: ESSAY**

#### Requirements:

- Up to two double spaced, typed pages
- 12-point font
- 1-inch margins

#### Question:

Your Personal Essay should address why you selected OT as a career and how an Occupational Therapy degree relates to your immediate and long-term professional goals. Describe how your personal, educational, and professional background will help you achieve your goals. The personal essay is an important part of your application for admission and provides you with an opportunity for you to clearly and effectively express your ideas.

#### PART VI: LETTERS OF RECOMMENDATION

Three letters of recommendation. Suggested authors include:

- Major adviser or professor who can comment on academic ability and preparation for graduate-level studies
- Work supervisor or manager who can comment on work ethic and related behaviors such as reliability, timeliness, accountability
- An individual (not a relative) who can speak to your nature, character, goals, etc.

Letters of recommendation should be submitted directly to Erin Campbell (<a href="mailto:erin.campbell@marquette.edu">erin.campbell@marquette.edu</a>) by the application deadline.



## Occupational Therapy Undergraduate Degree Completion Form

I certify that	(students name) has a
workable plan of intent to complete their bachele	or's degree by
(date)* with a major of	
(list major) if they successfully complete the cou	arse of study identified in their
academic plan.	
*The undergraduate degree must be completed prior to	the start of the final year of the program
Signature of advisor:	
Printed name:	
Date:	