

Application to Occupation Therapy Assistant Major

 Name: _____ ID #: _____
 (Please Print) First Middle Last (Anoka Technical College Student ID #)

 Address: _____
 Street City State Zip

Phone Number: _____ Email: _____

All admission requirements must be received as a complete packet during the application period. Apply to Anoka Technical College and be accepted prior to applying to OTA Program.

 Choose EITHER **Placement Exam** OR **Higher Education Degree** requirement and complete all parts of Option 1 or 2:

<input type="checkbox"/> 1. Placement Exam Requirements Requirement 1 (select one of each category): Reading Comprehension: Requirement obtained within past 2 years (record your scores on the appropriate line and include your paperwork to indicate the score) _____ Accuplacer Score of 78 or higher or Next Gen equivalent _____ ACT Reading Score of 21 or higher _____ ATC READ 0900 (grade of C or higher) Arithmetic: Requirement obtained within past 2 years: (record your scores on the appropriate line and include your paperwork to indicate the score) _____ Accuplacer Score of 81 or higher Next Gen equivalent _____ ACT MATH Score of 22 or higher _____ ATC MATH 0801 (grade of B or higher) Requirement 2: Adjusted Individual TEAS Score of 65% or higher: Record your score on the appropriate line and include your paperwork to indicate the score) _____ ATI TEAS	<input type="checkbox"/> 2. Higher Education Degree (Bachelor's or Master's Degree from Accredited College) Requirement 1 (select one): <input type="checkbox"/> Bachelor's Degree from Accredited College _____ Name of College <input type="checkbox"/> Master's Degree from Accredited College _____ Name of College Delivery Method of Official College Transcript (select one): <input type="checkbox"/> In person to Anoka Technical College Enrollment Services Room 117 <input type="checkbox"/> Electronic PDF file to: enrollmentservices@anokatech.edu
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Note: If a student (accepted or on wait list) has a hold on their account for financial or any other reason, they will be removed from either list and will be reordered at the bottom of the wait list for current year.

I have also attached the following:

OTA Information Session Certificate of Attendance

Signature: _____ Date: _____

For office use only:

Intake initials	Date received	P: drive	Scanned to Records	Notes