

Indiana State University
 College of Health and Human Services
 Department of Applied Medicine and Rehabilitation
 M.S. Occupational Therapy
 OTCAS Course Equivalency Check

Purpose: The purpose of this form is to determine if prior coursework will fulfill course requirements for Lifespan, Anatomy and Physiology prerequisites.

Instructions: Complete the information requested on this form and upload to OTCAS. This form must be included with your application to be considered.

Note: If more than one class needs to be considered for any of the listed prerequisites below, please list the courses.

Upload Form to: OTCAS

Student Name:

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

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 _____