



Occupational Therapy Doctoral Degree Program

Prerequisite Completion Plan

(A grade of "B-" or better is required for each course)

Applicant Name: _____ Date of Application: _____

Directions: Under each prerequisite, list the title of the course(s) you have taken, or plan to take, where and when it was taken, or you plan to take it, and the grade earned.

1. BIOLOGY (3 semester credits or 4 quarter credits minimum)

Course title and number _____

Completed/to be completed at _____

Date completed/to be completed by _____ d. Grade _____

2. HUMAN ANATOMY AND PHYSIOLOGY (6 semester credits or 8 quarter credits minimum)

Course title and number _____

Completed/to be completed at _____

Date completed/to be completed by _____ d. Grade _____

Course title and number _____

Completed/to be completed at _____

Date completed/to be completed by _____ d. Grade _____

3. INTRODUCTION TO PSYCHOLOGY (3 semester credits or 4 quarter credits minimum)

Course title and number _____

Completed/to be completed at _____

Date completed/to be completed by _____ d. Grade _____

4. ABNORMAL PSYCHOLOGY (3 semester credits or 4 quarter credits minimum)

Course title and number _____

Completed/to be completed at _____

Date completed/to be completed by _____ d. Grade _____

5. INTRODUCTION TO SOCIOLOGY OR ANTHROPOLOGY (3 semester credits or 4 quarter credits minimum)

Course title and number _____

Completed/to be completed at _____

Date completed/to be completed by _____ d. Grade _____

6. LIFE SPAN HUMAN DEVELOPMENT (3 semester credits or 4 quarter credits minimum)

Course title and number _____

Completed/to be completed at _____

Date completed/to be completed by _____ d. Grade _____

OR

CHILD DEVELOPMENT (3 semester credits or 4 quarter credits minimum)

Course title and number _____

Completed/to be completed at _____

Date completed/to be completed by _____ d. Grade _____

AND

GERONTOLOGY/PSYCHOLOGY OF AGING (3 semester credits or 4 quarter credits minimum)

Course title and number _____

Completed/to be completed at _____

Date completed/to be completed by _____ d. Grade _____

7. MEDICAL TERMINOLOGY (course or self-study*)

Course title and number _____

Completed/to be completed at _____

Date completed/to be completed by _____ d. Grade _____

*If self-study, a proficiency test needs to be completed prior to the start of the program.

Please return this form to: College of Graduate Studies Admissions Office

Mulford Library Building MS #1042

3000 Arlington Avenue

Toledo, OH 43614-2598

