

University of South Alabama Occupational Therapy ' R F W R U D W H 3 U
SUPPLEMENTAL APPLICATION

For Enrollment in Fall 202 Submitted in OTCAS

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5721 USADrive North, Room 2027 " Mobile, AL 36688-0022

Phone:(251)445- ") D [- " Rmissions@southalabama.edu

IDENTIFICATION INFORMATION

Female Male

Birthdate (mm/dd/yy) ___ / ___ / ___

Full Name _____
Last Name First Name Middle Name

Current Address _____
Street/P.O. Box City State Zip Code

Preferred Telephone(_____) _____ Alt. Telephone(_____) _____

Email Address _____
L +ÜS,, @xã0g De LW037B03nB RI FRPPXQLFDWLRQ ZLWK DISA SLO2WTD-004R (Ch)4 +0037ec)51-P04E(0)03-D-0.0

_____ Legal County of Residency _____

Permanent Address _____
Street City State Zip Code

Are you a US citizen? Yes No? If not, what is your current visa status? _____

Are you a veteran? Yes No? If yes, Vet File Number _____ Vet. Type: _____

Have you ever attended this University? Yes No If yes, USA Student Number: _____

