

(Office Use - Date Received)

EASTERN NEW MEXICO UNIVERSITY - ROSWELL
OCCUPATIONAL THERAPY ASSISTANT PROGRAM
FIRST YEAR APPLICATION

This application is to be used **only** for either the first semester or second semester of the first year of the program. It must be returned by the following dates:

May 1, 2008 If you are applying for admission or readmission to the **Fall 2008** first semester of the first year of the Occupational Therapy Assistant Program.

December 12, 2008 If you are applying for transfer or readmission to the **Spring 2009** second semester of the first year of the Occupational Therapy Assistant Program.

PLEASE INDICATE FOR WHICH SEMESTER YOU ARE APPLYING. If you are not certain, please contact the OTA Program Office at 505-624-7349.

(Check One) (Please underline or circle)

() **Admission or Readmission** to the **Fall 2008** first semester of the first year of the Occupational Therapy Assistant Program.

() **Transfer or Readmission** to the **Spring 2009** second semester of the first year of the Occupational Therapy Assistant Program.

It is the **APPLICANT'S RESPONSIBILITY** to see that all information required for admission to the OTA Program is on file with the **Admissions Office** by the above dates. This information includes:

1. All **official** high school (or GED) and college transcripts
2. Regular application for admission to ENMU-Roswell
3. Evidence of good standing with the University (academic and financial)

Legal Name: _____
Last First Middle Maiden

Social Security #: _____ Email Address: _____

Current Mailing Address: _____
Street Number or PO Box

City State Zip Code

Home Phone Number: (____) _____ Work Phone Number: (____) _____

Cell Phone Number: (____) _____ Your Place
of Work : _____

Emergency Contact: _____ Emergency Phone: (____) _____
Name & Relationship

STUDENT SIGNATURE: _____ **PRINT NAME:** _____

Date: _____