**UNC-Chapel Hill Occupational Therapy Program**

**PREREQUISITE CHECK**

If you need/would like to check on whether or not a course meets the criteria for one of the prerequisite courses for the MSOT Program at UNC-Chapel Hill, please complete the following and email it to [osinfo@med.unc.edu](mailto:osinfo@med.unc.edu) with the email subject line “**Prerequisite Check**.” If you are checking on more than 4 courses, just add another page. Please allow up to two weeks for a response.

**Name:**

**Email:**

**Year in which you will *apply* to the MSOT program:**

|  |  |
| --- | --- |
| **UNC OT Prerequisite:** | |
| **Course you think may fit this prerequisite (Include course number and name of course):** | |
| **Credit Hours:** | **When did you/will you take this course?** |
| **Institution at which course was taken/is offered:** | |
| **Course Description:** | |
| **ADMISSIONS COMMITTEE RESPONSE:**   * **Course meets prerequisite requirements** * **Course does not meet prerequisite requirements** | |
| **COMMENTS:** | |
| **UNC OT Prerequisite:** | |
| **Course you think may fit this prerequisite (Include course number and name of course):** | |
| **Credit Hours:** | **When did you/will you take this course?** |
| **Institution at which course was taken/is offered:** | |
| **Course Description:** | |
| **ADMISSIONS COMMITTEE RESPONSE:**   * **Course meets prerequisite requirements** * **Course does not meet prerequisite requirements** | |
| **COMMENTS:** | |
| **UNC OT Prerequisite:** | |
| **Course you think may fit this prerequisite (Include course number and name of course):** | |
| **Credit Hours:** | **When did you/will you take this course?** |
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| **ADMISSIONS COMMITTEE RESPONSE:**   * **Course meets prerequisite requirements** * **Course does not meet prerequisite requirements** | |
| **COMMENTS:** | |
| **UNC OT Prerequisite:** | |
| **Course you think may fit this prerequisite (Include course number and name of course):** | |
| **Credit Hours:** | **When did you/will you take this course?** |
| **Institution at which course was taken/is offered:** | |
| **Course Description:** | |
| **ADMISSIONS COMMITTEE RESPONSE:**   * **Course meets prerequisite requirements** * **Course does not meet prerequisite requirements** | |
| **COMMENTS:** | |

For Admissions Committee use only:

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| Prerequisite Check received (date): Prerequisites reviewed: |