

## VETERAN AGREEMENT PROGRAM TRANSMITTAL FORM

The following candidate has been interviewed and briefed by the academic advisor below for possible selection under the ***Veteran Agreement Program*** into the Occupational Therapy Assistant Program:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

TARGETED ADMISSION DATE (e.g., Fall 2020) \_\_\_\_\_

### ADMISSION REQUIREMENTS MET (CHECK):

- ☐ Admission to Polk State College as a credit student
- ☐ Transcripts posted with Registrar
- ☐ Minimum GPA of 2.5 upon application and admission
- ☐ PSY2012 General Psychology completed with a "C" or better
- ☐ BSC 2085C Human Anatomy and Physiology I completed with a "C" or better
- ☐ ENC 1101 College Composition I completed with a "C" or better
- ☐ 20 hours of observation completed; forms filled out correctly
- ☐ Resume

**I recommend the above student for selection under the Veteran Agreement Program.**

This form was completed on: **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Signature: \_\_\_\_\_  
Academic Advisor

Signature: \_\_\_\_\_  
Veteran Student

**Academic Advisors should forward this form electronically upon completion to the OTA Program Director from **JULY 15 to AUGUST 15**.**

### FOR OTA PROGRAM USE ONLY:

Action by OTA Program Director: \_\_\_\_\_ Accepted \_\_\_\_\_ Alternate \_\_\_\_\_ Rejected

Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
OTA Program Director