

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 2017) _____

ADMISSION REQUIREMENTS MET (CHECK):

- Admission to Polk State College as a credit student
- Transcripts posted with Registrar
- Minimum GPA of 2.0 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