**Applicant First/Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UNDERGRADUATE TRANSFER STUDENT ADMISSION**

**Saint Louis University**

**JOURNAL of EXPERIENCES in OCCUPATIONAL THERAPY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  **and location of experience** | **Date and**  **Number of Hours** | **Description of Facility** | **Summary of Experience** |
|  | \_\_\_/\_\_\_/\_\_\_  \_\_\_\_\_ hours | * Hospital * School * Skilled Nursing * Outpatient Clinic * Home Health * Mental Health * Community * Other |  |
|  | \_\_\_/\_\_\_/\_\_\_  \_\_\_\_\_ hours | * Hospital * School * Skilled Nursing * Outpatient Clinic * Home Health * Mental Health * Community * Other |  |

\*Add additional rows as needed. Email completed form to [OT@slu.edu](mailto:OT@slu.edu).