**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.