MARQUETTE UNIVERSITY | College of Health Sciences Occupational Therapy

3+3 Entry-Level Clinical Occupational Therapy Doctorate (OTD) Program Application

For Current Marquette University Students Only

INSTRUCTIONS

Please print or type all information. Missing information will delay processing of your application. Return this application together with the prerequisite forms, and the Advisor Verification form to the Department of Occupational Therapy. This can be a physical copy delivered to 1700 W. Wells St., Milwaukee, WI 53233 or via email to erin.campbell@marquette.edu.

Please note that our cohorts begin in May. Application for admission to the Department of Occupational Therapy must be received by December 1st prior to the year you intend to begin the OTD curriculum (example: December 1, 2025 for a May 2026 start). Transcripts of credits from an institution other than Marquette where you fulfilled necessary prerequisite work must be sent to the Office of the Registrar at Marquette University and must arrive before May 1st of the year you are seeking admission.

If you have any questions about completing the forms, questions regarding the program, or questions with the application process, please contact the Department of Occupational Therapy at (414) 288 – 6655. You may also email the Office Administrator, Derek Taylor, at derek.taylor@marquette.edu.

You are responsible for verifying that all materials have been received. Application will not be reviewed until all portions have been received by the department.

PART I: AUTOGRAPHICAL INFORMATION

Name: _____ Date of Birth: _____

Social Security Number: _____ MUID Number: _____

Permanent home mailing address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home telephone: _____ Work phone: _____

Current mailing address (if different from above): _____

City: _____ State: _____ Zip Code: _____ Country: _____

Currant telephone: _____ Preferred Email: _____

Citizenship:

____ U.S. Citizen, permanent resident, or immigrant
____ U.S. visa holder
____ Other

Have you attended any other colleges or university?

____ No
____ Yes (if yes, list all other schools and dates):
_____ From: _____To: _____
_____ From: _____To: _____
_____ From: _____To: _____

PART II: PRE-REQUISITES FOR MARQUETTE INTERNAL TRANSFER STUDENTS

See website for most updated prerequisite information (https://www.marquette.edu/occupational-therapy/three-plus-three.php).

Documentation of Prerequisites

Please complete the information below in a typed or legibly written fashion. It is recommended that you make a copy of this form for your own reference.

Prerequisite	Department and Course Number	Course Title	Grade	# of Units/Credits	Accredited 4-year Institution	Year and Term Complete OR Planned Completion Term/Year
Human Anatomy*						
Human Physiology*						
Biological Sciences						
Developmental Psychology						
Abnormal Psychology						
Humanities						
Social Science						
Statistics						
Medical Terminology						

Human Anatomy and Physiology may not be completed in online format

*Combined two-semester A&P or separate courses, at least one with lab.

PART III: OCCUPATIONAL THERAPY OBSERVATIONS

Introduction to Occupational Therapy course (OCTH 1001) counts as 20 hours of observation (course not required, but recommended for 3+3 applicants).

Dates	Service Type (observation/volunteer)	Address (City, State)	Setting	Patient Diagnoses/Populations Observed	Total Hours

PART IV: SUPPORTING INFORMATION (EXTRACURRICULAR ACTIVITES, JOBS/INTERNSHIPS, VOLUNTEER/COMMUNITY ENRICHMENT, RESEARCH, HONORS)

Extracurricular Activities – this can include sports, clubs, Greek life, etc.

Organization/Activity	Address (City, State)	Experience Dates	Total Hours	Leadership Role? (Y/N) – if yes, explain	Experience Details

Jobs/Internships

Organization	Address (City, State)	Dates	Total Hours	Leadership Role? (Y/N) – if yes, explain	Role Details

Volunteer/Community Enrichment

Organization/Activity	Address (City, State)	Experience Dates	Total Hours	Leadership Role? (Y/N) – if yes, explain	Experience Details

Research

Organization/Activity	Address (City, State)	Experience Dates	Total Hours	Leadership Role? (Y/N) – if yes, explain	Experience Details

Honors – this includes Dean's list and any other awards/honors/scholarships received

Name	Organization	Date	Description

PART V: ESSAY

Requirements:

- Up to two double spaced, typed pages
- 12-point font
- 1-inch margins

Question:

Your Personal Essay should address why you selected OT as a career and how an Occupational Therapy degree relates to your immediate and long-term professional goals. Describe how your personal, educational, and professional background will help you achieve your goals. The personal essay is an important part of your application for admission and provides you with an opportunity for you to clearly and effectively express your ideas.

PART VI: LETTERS OF RECOMMENDATION

Three letters of recommendation. Suggested authors include:

- Major adviser or professor who can comment on academic ability and preparation for graduate-level studies
- Work supervisor or manager who can comment on work ethic and related behaviors such as reliability, timeliness, accountability
- An individual (not a relative) who can speak to your nature, character, goals, etc.

Letters of recommendation should be submitted directly to Erin Campbell (erin.campbell@marquette.edu) by the application deadline.

PART VII: Use of AI

Graduate School Prohibition of Use of Generative AI

Unless expressly permitted elsewhere in the application, you may not use generative AI tools (such as ChatGPT, Gemini, CoPilot, Claude or similar technologies) to draft, rewrite, substantially revise, or otherwise compose your application essays or other materials that are intended to represent your own work. If you have used generative AI in a different way within your application, which is expressly permitted within your program, please accurately disclose how you used it below. If you have any questions about appropriate and authorized uses of generative AI in your program application, please contact the Graduate School at gradadmit@marquette.edu.

I have used generative AI in my application (circle one): yes no

If you selected yes, please provide a short explanation on how Generative AI was used:

_____

_____

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PART VIII: Degree Completion Form

MARQUETTE UNIVERSITY

College of Health Sciences
Occupational Therapy

Occupational Therapy Undergraduate Degree Completion Form

I certify that _____ (students name) has a workable plan of intent to complete their bachelor's degree by _____ (date)* with a major of _____ (list major) if they successfully complete the course of study identified in their academic plan.

**The undergraduate degree must be completed prior to the start of the final year of the program*

Signature of advisor: _____

Printed name: _____

Date: _____