DEPARTMENT OF OCCUPATIONAL THERAPY EDUCATION
UNIVERSITY OF KANSAS MEDICAL CENTER

NON-DEGREE SEEKING COURSE WORK APPLICATION PROCEDURES

The University of Kansas supports the continuing education of post-graduates and posy-professionals. The "nonDegree-Seeking" option allows individuals to enroll in specific courses in order to obtain content-specifc knowledge. Some of the application requirements for degree-granting programs are set aside for such individuals. This mechanism may also be used by individuals to explore the experience of graduate school, prior before committing to a degree-granting program. Please feel free to discuss this option with a representative of our Department! (*email:* OTprogram@kumc.edu)

Please TYPE or PRINT all requested information.

APPLICATION FORM

Complete the Graduate School Application for Admission form (included in this PDF document).

Please send your application to:

Occupational Therapy Education
Mail Stop 2003
3901 Rainbow Blvd.
Kansas City, KS 66160

Timeline: Anticipate that the 'apply-to-enroll' process will take at least three weeks. Late fees are assessed automatically if enrollment occurs after the first day of classes for the term.

All materials from non-degree seeking applicants must be received by July 1 for the Fall semester, December 1 for the Spring semester, and May 1 for the Summer session.

TRANSCRIPTS

Request one copy of your transcript from the Registrar of all universities or colleges you have attended. Transcripts must be official copies and should be addressed to:

Occupational Therapy Education
Mail Stop 2003
3901 Rainbow Blvd.
Kansas City, KS 66160

You must have one official copy of all transcripts on file in the Department office by the end of the course.

ON-LINE ACCOUNT

Once admitted by the Graduate School, a new non-degree seeking student will receive a KUMC student number and a Username and Password. The Username and Password information will give you access to KUMC's electronic resources. Students are asked to begin to monitor their email account as this is one means by which the administration and faculty will communicate with students.

myKUMC: https://my.kumc.edu/index.jsp - your portal to access all University business and links
ANGEL: https://elearning.kumc.edu/angel/frames.aspx - online course materials
SAKU : https://sa.ku.edu – enrollment, timetable and catalog
Groupwise: http://webmail.kumc.edu/ - KUMC email – all official University business is conducted via email

ENROLLMENT

- All enrollment is conducted online. See KUMC Registrar's Office: http://www.kumc.edu/studentcenter/registrar.html
- Students must contact the OT Ed. Department for a **permission number** to enroll in a graduate class.
- Non-degree students pay either out of state or in state tuition. Determination of residency is made by the Registrar.
- Non-degree students pay all campus fees and online class fees in addition to tuition.
- Students are notified *via* Groupwise email when a bill is posted in SAKU
- Fee assessment questions should be directed to the Registrar's Office
- Fee payment questions should be directed to Student Financial Accounting

KU MEDICAL CENTER
The University of Kansas

PhD in Therapeutic Science

2010 - Fall

Date Received
Date Fee Rec'd
Payment Method
For KU Use Only

KU Medical Center Domestic Graduate Student Application for Admission

Please carefully enter information into each field and print two copies when complete; keep one for your personal records.

Personal Information

First Name | Middle | Last Name | Date of Birth: MM/DD/YYYY

Preferred Name, if different from above | Other name(s) under which your records might be found | Male | Female

Social Security Number

Social Security Number is required for admission into any program at KU Medical Center for background checks required to verify eligibility to work, train and participate in health care settings. Further, it is requested, but not mandatory under K.S.A. 76-725, for maintaining accurate records and servicing accounts.

Home (Current) Address:

Number and Street

City & State

Country | Zip /Postal Code

Phone Number | Mobile Phone Number

E-mail Address

Permanent Address (if different from current address):

Number and Street

City & State

Country | Zip /Postal Code

Phone Number | Mobile Phone Number

Citizenship/Residency Status (please select one): ☐ United States Citizen ☐ Permanent Resident of United States

If you did not select one of the above, **STOP**: you must use the KU Medical Center International Graduate Student Application.

Is English your first language? ☐ Yes ☐ No If No, what is your first language?

Ethnicity

Are you Hispanic or Latino?

- ☐ Yes, I am Hispanic or Latino.
- ☐ No, I am not Hispanic or Latino.

What is your race? Select one or more races.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other

NOTE: Disclosure of ethnicity/race information is optional. The University of Kansas has an affirmative action program and is an equal opportunity institution. In order to comply with federal government regulations under Title VI of the Civil Rights Act and Title IX of the Education Amendments, the University seeks voluntary disclosure of information from applicants for reporting purposes only. A decision not to provide this information will not negatively affect decisions on admission, assistantships, or awards.

Academic Program Information

Department offering degree	Degree	Academic Program	Academic Plan
Dept. of Occupational Therapy Education	PhD in Therapeutic Science	AHLGN	NONDOTGH

Term: 2010 - Fall

Doctorate Degree Level

✔ Non-degree-seeking

Educational Information

Applicants must request one (1) official set of transcripts be sent directly from **each** academic institution attended to the department at KU in which the desired academic program resides. Starting with most recent, please list every higher education institution you have attended. Attach an additional list if needed.

Full Name of College/University

City/State

Degree | Major

Dates of Attendance (MM/YY) To | Date Awarded or Expected | GPA

Full Name of College/University

City/State

Degree | Major

Dates of Attendance (MM/YY) to | Date Awarded or Expected | GPA

Full Name of College/University

City/State

Degree | Major

Dates of Attendance (MM/YY) to | Date Awarded or Expected | GPA

Other Information

Please check any which apply to you:

- ☐ Current KU/KUMC student
- ☐ Have APPLIED to KU/KUMC before
- ☐ Have ATTENDED KU/KUMC before
- ☐ Member of US Armed Forces, or a dependent of one
- ☐ My parents or I have moved to take a job in Kansas before I enter KU

If you have been, or currently are, a student of the University of Kansas (any campus) please enter your student ID: ☐

Are you currently a resident of the State of Kansas? ☐ Yes ☐ No When did you begin continuously living in Kansas? ☐

Exam Scores, References and Additional Requirements

Additional information and documentation may be required for application to individual academic programs. Please check with the admissions coordinator or Web site of your desired academic program for complete application instructions and requirements.

Applicant's Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment at the University of Kansas.

I hereby grant permission to KU to release applicable personal information, including my social security number, as needed to complete background checks and/or other approval processes for clinical practice. I understand that my admission is conditional upon completion of the background check and that it could provide grounds for rejection of my admission. I further understand and agree that should I be admitted after a background check, that check could be grounds for clinical sites to reject my participation in a clinical training rotation.

Date of Application _____ Signature of Applicant _____

If you have a disability and would like to know about KUMC services, write to: University of Kansas Medical Center, Equal Opportunity Office, Mail Stop 2014, 3901 Rainbow Blvd., Kansas City, KS 66160, USA.

Safety and Crime at KU Medical Center: Safety policies, procedures, campus resources, and providing definitions, explanations, and a statistical portrait of crimes on campus can be found at www.kumc.edu/police.

Submit Application

Please print, sign and mail this completed application form with the application fee (and any other materials which may be required) to the **KU department in which your desired academic program resides**. Incomplete or unsigned applications will not be accepted.

PLEASE DO NOT WRITE BELOW THIS LINE

PhD in Therapeutic Scienc 2010 - Fall AHLGN NONDOTGH

DEPARTMENTAL RECOMMENDATION

☐ Do not admit.
Application will not be forwarded to Graduate Studies.

☐ Calculation of cumulative GPA from official transcripts

Admission recommended with status (check only one):

☐ Regular ☐ Regular non-degree ☐ Special B (IGPBS only)

☐ Provisional ☐ Provisional non-degree

Reason(s) for provisional status:

Comments/Remarks:

Department Signature Date

GRADUATE STUDIES ACTION

☐ Date admitted in SAKU

Admission granted with status (check only one):

☐ Regular ☐ Regular non-degree ☐ Special B (IGPBS only)

☐ Provisional ☐ Provisional non-degree

Reason(s) for provisional status:

Comments/Remarks:

Graduate Studies Signature Date