MS Occupational Therapy Prerequisite Course Verification Form

Please complete this Prerequisite Course Verification form and email it to Grad.Docs@unh.edu. All prerequisites must be completed at the time of application.

Full Name: __________________________ Date of Birth: ________ Term: ________

Current UNH Senior:  ☐ Yes  ☐ No  Student ID: ____________________

Applicant Prerequisite Course Information

**Human Anatomy/Physiology I Course with Lab**

Course Name: __________________________

Institution Name: __________________________

Have you completed this course?  ☐ Yes  ☐ No

If Yes, Complete Date: __________ # Credits: ______ Grade: ______

MM/YYYY

If No, When will course be completed by? __________________________

**Human Anatomy/Physiology II Course with Lab**

Course Name: __________________________

Institution Name: __________________________

Have you completed this course?  ☐ Yes  ☐ No

If Yes, Complete Date: __________ # Credits: ______ Grade: ______

MM/YYYY

If No, When will course be completed by? __________________________

**Child Development**

Course Name: __________________________

Institution Name: __________________________

Have you completed this course?  ☐ Yes  ☐ No

If Yes, Complete Date: __________ # Credits: ______ Grade: ______

MM/YYYY

If No, When will course be completed by? __________________________

**Adult Development**

Course Name: __________________________

Institution Name: __________________________

Have you completed this course?  ☐ Yes  ☐ No

If Yes, Complete Date: __________ # Credits: ______ Grade: ______

MM/YYYY

If No, When will course be completed by? __________________________

**Neurology/Neuroanatomy**

Course Name: __________________________

Institution Name: __________________________

Have you completed this course?  ☐ Yes  ☐ No

If Yes, Complete Date: __________ # Credits: ______ Grade: ______

MM/YYYY

If No, When will course be completed by? __________________________

**Research Methods**

Course Name: __________________________

Institution Name: __________________________

Have you completed this course?  ☐ Yes  ☐ No

If Yes, Complete Date: __________ # Credits: ______ Grade: ______

MM/YYYY

If No, When will course be completed by? __________________________

**Statistics**

Course Name: __________________________

Institution Name: __________________________

Have you completed this course?  ☐ Yes  ☐ No

If Yes, Complete Date: __________ # Credits: ______ Grade: ______

MM/YYYY

If No, When will course be completed by? __________________________

Form continues to Page 2.
**Clinical Kinesiology**

**Course Name:**  

**Institution Name:**  

Have you completed this course?  

☐ Yes  ☐ No  

If Yes, Complete Date:  

# Credits:  
Grade:  

MM/YYYY  

If No, When will course be completed by?  

*Notes: If you took 1 Lifespan Development course, please list that course in both the child and adult development boxes  
*Neuroanatomy with a lab is preferred; most neuropsychology or psychobiology courses do not meet this requirement