

Last Name: _____ First Name: _____ Date: _____

ID#: XXX-XX-_____ MAJOR: BIOLOGY: OCCUPATIONAL THERAPY CONCENTRATION (2E)

I. DEVELOPMENTAL REQUIREMENTS:

- | | |
|---|--|
| ☞ Student <u>Passed/Exempt</u> Reading CUNY Examination | ☞ Student <u>Failed</u> Reading CUNY _____ score |
| ☞ Student <u>Passed/Exempt</u> Writing CUNY Examination | ☞ Student <u>Failed</u> Writing CUNY _____ score |
| ☞ Student <u>Passed</u> CUNY Math or COMPASS | ☞ Student <u>Failed</u> CUNY Math or COMPASS
<u>Old Test:</u> Parts 1 and 2 _____
(Total Score)
<u>COMPASS:</u> M1 _____ M2 _____ M3 _____ M5 _____ |

II. COLLEGE REQUIREMENTS: 7 credits

Note: All courses with an asterisk (*) have a pre-requisite.

Course	Credits	Course	Credits	Course	Credits
☞ Eng 12*		☞ Eng 24*		☞ HE 14	

(One (1) Writing Intensive course in any discipline from any category below is required. Such courses are designated "W".)

III. DEPARTMENT REQUIREMENTS:

Note: All courses with an asterisk (*) have a pre-requisite.

Course	Credits	Course	Credits	Course	Credits	Course	Credits
☞ BIO 13*		☞ BIO 11*		☞ MAT 20*		☞ CHM 11*	
☞ BIO 14*		☞ BIO 12*					

*All students must complete 40 hours of volunteer work in an Occupational Therapy setting upon graduation AND provide the Occupational Therapy Program Coordinator with written documentation.

IV. GENERAL EDUCATION REQUIREMENTS: 9 credits

A minimum of three (3) credits in each Group A and B and three (3) credits in either Group A or B in a different discipline.

- A. Arts and Humanities 3 – 6 credits**
Disciplines: Art – Foreign Language – Literature – Media & Film Studies – Music – Speech – Theatre Arts – Philosophy (**Excluded are Art studio, Music studio, Theatre production & skills courses**)
- B. Behavioral and Social Sciences 3 – 6 credits**
Disciplines: Anthropology – Economics – History – Political Science – Psychology – Sociology
- C. Mathematics and Sciences – Satisfied by Department Requirements**

ELECTIVES: Sufficient to meet required total of _____

60 – 64 credits

SEMESTER: Fall _____ Spring _____

MODULE: Winter _____ Summer _____

Course	Credits/Equated Credits
1.	
2.	
3.	
4.	
5.	

Course	Credits/Equated Credits
1.	
2.	

MODULE: Winter _____ Summer _____

Course	Credits/Equated Credits
1.	
2.	

____ As a student who is part of the Access-Ability Center, I know that I am advised to return to room D-205 for any course modifications or discussion of accommodations.

I have read and understand that this is what I need in order to satisfy my degree requirements.

Advisor Signature: _____ Student Signature: _____ Date: _____