

HC School Support  
65 Court Street, Room 508  
Brooklyn, NY 11201

## COLLEGE ACCEPTANCE FORM

*To be completed by an authorized college or university representative.*

**This form must be completed and returned to the Office of Scholarships, Incentives, and Speech Programs upon acceptance into a participating college or university.**

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

College/University: \_\_\_\_\_

Semester Year: \_\_\_\_\_

### PROGRAM DISCIPLINE:

Occupational Therapy       Physical Therapy

### STUDENT STATUS:

Part-Time       Full-Time

This applicant been accepted as an unconditionally matriculated student.

Yes       No

- If **YES**, please continue completing this form.
- If **NO**, please do not continue completing this form.
  - The applicant is **NOT** eligible to participate in the New York City Department of Education's JoseP OT/PT Scholarship Program.

### ACADEMIC CREDITS:

1. Please enter the total number of credits required to complete the degree program in the discipline indicated above. (Include bilingual credits, if applicable.)

**Total Credits = \_\_\_\_\_**

2. Please enter the total number of credits completed in the above degree program. (Including transfer credits, if applicable.)

**Credits Completed = \_\_\_\_\_**

3. Please enter the total number of credits needed by this student to complete the degree program. (Note: Total Credits - Credits Completed = Credits Needed)

**Credits Needed = \_\_\_\_\_**

### PLAN OF STUDY:

Please attach the Student Plan of Study indicating the sequence of courses and credits this student will follow to earn the above degree.

\_\_\_\_\_  
**Chairperson/Advisor's Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Date**