

**PHD IN THERAPEUTIC SCIENCE DEGREE PROGRAM:
DOMESTIC STUDENT APPLICATION PROCEDURE AND CHECKLIST**

Application Deadline: February 1

Start Date: Fall semester in August

All required materials must be received before admission to the program.

1 Applicants need to provide the following items directly to the KU Department of Occupational Therapy Education:

KU Graduate Studies Application

This form can be filled out on-screen prior to printing and we strongly encourage you to take advantage of this feature to expedite your application by eliminating questions or concerns due to illegible handwriting.

Curriculum Vitae or Resume

The CV or resume must be up-to-date and include information on the applicant's educational, professional, and research background. Please include as much of the following information as possible:

- Research experience/publications/abstracts
- Awards and honors
- Intellectual pursuits (continuing education, seminars attended, lectures, etc.)
- Leadership roles (officer in organization, administrator at job, service to professional/service organizations)
- Professional presentations
- Teaching/mentoring experience

Letter of Professional Goals

Prepare a statement of academic interests and professional goals. Include relevant work experience and positions held, a description of your most notable professional accomplishments, and a discussion of how graduate education will contribute to the attainment of your career goals. The statement should be no more than 300 words.

Statement of Research Interests

Briefly describe (1-2 paragraphs) the area in which you see a need for research.

Application fee of \$60

Please make payable to "University of Kansas Medical Center". This fee is required whether or not you are currently enrolled at the University of Kansas. Your application will not be processed without the fee. Please do not send cash.

2 Students do not provide these items directly, but must request them be provided to the KU Department of Occupational Therapy Education:

Official transcript

One original transcript must be sent **directly to KU from each college or university attended**. Applicants may also submit transcripts with their application in a sealed, official envelope from the academic institution.

Three (3) completed reference forms

At the top of each of the Personal Recommendation forms, print and sign your name. Three letters of recommendation are required. The form is found in this document – print three copies to be distributed to your chosen recommenders. Those who can comment meaningfully on your work in an academic or professional setting are best suited to submit letters of recommendation. Distribute the forms, giving the individuals who are writing the recommendations enough notice to thoughtfully complete the form before you plan to send in your application. It is advisable to check back with those making the recommendations, to assure that their letters will be ready in time to meet the deadline. Instruct them that after they have completed the recommendation, they should put it in an envelope, seal the envelope, sign over the seal, then return the sealed envelope to you or mail it directly to the department.

Please note: Reflecting the interdisciplinary nature of this program, the Graduate Record Examination (GRE) is not required for admission.

Mail all application documentation to:

KU Dept. of OT Education
Attn: Therapeutic Science Admissions
Mail Stop 2003
3901 Rainbow Blvd.
Kansas City, KS 66160

STUDENT RESIDENCY POLICY:

You are considered an international student if you require a visa, or currently reside in the U.S. with non-immigrant status, or are currently residing in the U.S. and applying for permanent resident.

Term (please select one):

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle	Last Name	Date of Birth: MM/DD/YYYY

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Name, if different from above	Other name(s) under which your records might be found	Male	Female

<input type="text"/>	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.		
Social Security Number			

Home (Current) Address:

<input type="text"/>
Number and Street
<input type="text"/>
City & State
<input type="text"/>
Country
<input type="text"/>
Zip /Postal Code
<input type="text"/>
Phone Number
<input type="text"/>
Mobile Phone Number
<input type="text"/>

Permanent Address (if different from current address):

<input type="text"/>
Number and Street
<input type="text"/>
City & State
<input type="text"/>
Country
<input type="text"/>
Zip /Postal Code
<input type="text"/>
Phone Number
<input type="text"/>
Mobile Phone Number
<input type="text"/>

E-mail Address

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.

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department offering degree	Degree	Academic Program	Academic Plan
Term: <input type="text"/>	<input type="text"/>	Degree Level	<input type="checkbox"/> 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name of College/University	Full Name of College/University	Full Name of College/University
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State	City/State	City/State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree Major	Degree Major	Degree Major
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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 _____

Doctoral Program in Therapeutic Science Recommendation Form

Applicant: please complete this section.

Applicant Name: _____

Street Address: _____

City, State, Zip _____

I waive the right to inspect this confidential recommendation when it becomes a part of my file at the University of Kansas Medical Center. I understand that, according to the Family Educational Rights and Privacy Act of 1974, this waiver is optional.

Applicant Signature _____

Date _____

Instructions for the Recommender: The person named above is applying for admission to the doctoral program in Therapeutic Science at the University of Kansas. You have been asked by the applicant to submit a letter of recommendation regarding the applicant's preparation for graduate work. The information you provide will be used to assess the applicant's qualifications for admission. In addition to your letter, please also complete the rating scales at the bottom of this page. Your comments will be held confidential if the applicant has checked the box above.

Please mail this form and your letter directly to:

**Dept. of OT Education
Attn: Therapeutic Science Admissions
Mail Stop 2003
3901 Rainbow Blvd.
Kansas City, KS 66160**

Recommender's Name: _____

Relationship to Applicant: _____

	OUTSTANDING (upper 10%)	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Cognitive Ability					
Ability to work with others					
Initiative					
Maturity					
Effectiveness in speaking					
Effectiveness in writing					

For the Recommender: An overview of the Doctoral Program in Therapeutic Science
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The doctoral program in Therapeutic Science is an interdisciplinary training program designed to prepare scholars to have a positive impact on the lives of individuals with disabilities, their families, and their communities. The recent Institute of Medicine (1997) model of disability recognized that disability is no longer inherent in the individual, but is an outcome of the interaction of the person and their physical, social, and psychological environment. The interdisciplinary approach of Therapeutic Science considers each of these factors, and supports knowledge development that can be translated into strategies that prevent or remove functional impairments, and minimize disabling processes that lead to further impairment and limitations.

WHO SHOULD CONSIDER THIS PROGRAM?

The Therapeutic Science doctoral program is designed for students whose interests in disability and quality of life require an integrated, interdisciplinary course of study that can not be provided by existing programs. Typically, applicants will already have obtained academic or professional master's degrees and have a professional credential or identity (*e.g.*, occupational therapist, speech-language pathologist, licensed clinical social worker, clinical psychologist, special educator). Many are likely to be currently working in their chosen field related to issues of disability, but now seek to generate knowledge for understanding disability and improving quality of life for individuals with disabilities.

ADMISSION CRITERIA

Only those students who seek to obtain a Ph.D. degree will be admitted to the Therapeutic Science program. The interdisciplinary Program Committee will review each applicant's preparation for doctoral-level work. An acceptable level of preparation must include basic training in statistics and design and completion of an empirical research study or thesis. If an applicant does not have adequate preparation for doctoral-level work, he or she must develop satisfactory research skills prior to formally entering the doctoral program.

The admissions review will also consider the fit between the student's research interests and the design and goals of the Therapeutic Science doctoral program. Applicants who qualify for admission will be required to investigate discipline-specific programs with which their interests intersect, and submit a rationale for why their research and career goals can only be met by the Therapeutic Science doctoral program.

In addition, the applicant's leadership experience and potential, potential to contribute significantly to knowledge generation and knowledge transfer through research, teaching, or service, and the extent to which the applicant's interests and goals correspond to those of the available faculty will be considered as part of the admissions review process.

CURRICULUM

The Therapeutic Science doctoral program includes a core curriculum for all students and at the same time provides each student with the opportunity to create a course of study to meet his or her professional objectives. Students receive a foundation of basic knowledge as well as multidisciplinary perspectives on the issues and problems related to individuals with disabilities. Upon completion of this program, students will be prepared for academic, research, and leadership careers with institutions and agencies serving individuals with disabilities and their families.