

APPLICATION FOR ADMISSION TO PEARL RIVER COMMUNITY COLLEGE
Occupational Therapy Assistant Department
5448 US HWY 49 S
HATTIESBURG, MS 39401

TODAY'S DATE: _____ SOCIAL SECURITY NUMBER _____

NAME _____
(LAST) (FIRST) (MIDDLE) (OTHER NAME USED)

ADDRESS _____
(MAILING ADDRESS) (CITY) (STATE) (ZIP)

DATE OF BIRTH _____ BIRTHPLACE _____ PHONE: _____

E-MAIL ADDRESS _____ (OTA WILL USE THIS TO CONTACT YOU)

PARENTS FULL NAME _____ OCCUPATION _____

HAVE YOU BEEN A RESIDENT OF MISSISSIPPI FOR THE PAST 12 MONTHS? _____

HIGH SCHOOL ATTENDED _____ GRADUATION DATE _____

HAVE YOU ATTENDED COLLEGE? YES / NO NAME OF COLLEGE(S) ATTENDED AND DATES: _____

HAVE YOU TAKEN AN A.C.T.? ___ YES ___ NO WHEN? _____

DID YOU HAVE YOUR SCORES SENT TO PRCC? ___ YES ___ NO WHEN? _____

I AGREE THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT
DELIBERATE FALSIFICATION OF INFORMATION MAY RESULT IN DENIAL OF ADMISSION TO
OCCUPATIONAL THERAPY ASSISTANT PROGRAM.

STUDENT SIGNATURE: _____ DATE: _____

AUTHORIZATION FOR MEDICAL PROCEDURES:

IN THE EVENT OF SERIOUS ILLNESS OR ACCIDENT EVERY EFFORT WILL BE MADE TO CONTACT PARENTS OR GUARDIAN, IF STUDENT IS UNDER AGE 21. IN THE EVENT THAT DELAY IN MEDICAL AND SURGICAL TREATMENT MIGHT BE DETRIMENTAL TO THE HEALTH OF THE STUDENT, AUTHORIZATION FOR CONSULTATION AND TREATMENT IS REQUESTED. PERMISSION IS GRANTED TO PEARL RIVER COMMUNITY COLLEGE TO REFER THIS STUDENT FOR NECESSARY TREATMENT.

DATE SIGNATURE OF STUDENT (IF OVER 21) _____

DATE SIGNATURE OF PARENT OR GUARDIAN (IF UNDER AGE 21) _____

ADDRESS AND PHONE NO. _____

AN OFFICIAL TRANSCRIPT OF ALL PREVIOUS WORK MUST BE RECEIVED IN ADMISSIONS OFFICE BEFORE STUDENT IS
OFFICIALLY ACCEPTED. RETURN ALL CORRESPONDENCE TO: PEARL RIVER COMMUNITY COLLEGE, ADMISSION
OFFICE/OTA DEPARTMENT, 5448 US HWY 49 S., HATTIESBURG, MS 39401

PEARL RIVER COMMUNITY COLLEGE OFFERS EQUAL EDUCATIONAL AND EMPLOYMENT OPPORTUNITIES TO ALL PERSONS
WITHOUT REGARD TO SEX, RACE, RELIGION, COLOR, NATIONAL ORIGIN, DISABILITY