ELECTIVE PLANNING FORM FALL 2015
DUE: 4:00 PM, April 20
Return form to the front Desk at CHP 133, or email to zamany@chan.usc.edu,
or fax to 323.442.1540

Student Name: ____________________________
Student ID #: ____________________________ Check one: MA1 _______ MA2 _______
Contact Phone: ____________________________ Email: ____________________________

Please include student ID # in all email correspondence.

CLINICAL EXPERIENCES (OT 500)
_____ OT 500 2 Units: Occupational Therapy in Primary Healthcare Environments (Halle)

DIRECTED RESEARCH (OT 590)
_____ OT 590 2 Units: Rancho Los Amigos Rehab Center (Berro)
_____ OT 590 2 Units: Rancho Los Amigos Rehab Center (Fanchiang)
_____ OT 590 2 Units: Rancho Los Amigos Rehab Center (Okada) INTERVIEW REQ
_____ OT 590 2 Units: Rancho Los Amigos Rehab Center (Chu) INTERVIEW REQ

INDEPENDENT STUDY (OT 500/OT 590)
Please contact Michael Ang at michaela@usc.edu and obtain application form

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COURSE OUTSIDE DIVISION

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