

PRE-REQUISITE APPROVAL REQUEST FORM
 University of Wisconsin – La Crosse MS Occupational Therapy
Human Anatomy & Physiology I (6 -8 Credits)
 Document the topics covered in all of your courses on this one form

Student Name:

Address:

Phone Number:

Email Address:

Title/Course Number of course(s) to be evaluated:

College/University where taken:

Date Course Taken: Lab: Yes No

Number of credits: Semester or Quarter

Number of hours of lecture/week: Number of hours of lab/week:

Be sure to email a copy of the course syllabus from the semester in which you took the course. Applicants must indicate on the syllabus where each topic is covered. If you have not taken this course yet, if possible, obtain a sample of the syllabus from the course instructor. At a minimum include the course description from the course catalog. Careful documentation and providing the syllabus will increase determining fulfillment requirements.

Courses evaluated as fulfilling the **Anatomy and Physiology** requirements will need to cover the majority of the following topics. Please select the topics you believe your course covered:

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Homeostasis <input type="checkbox"/> Body Fluid Compartments <input type="checkbox"/> Skeletal System <input type="checkbox"/> Bone & Tissue <input type="checkbox"/> Integumentary System <input type="checkbox"/> Nervous System Structure & Function <input type="checkbox"/> Autonomic Nervous System <input type="checkbox"/> Special Senses <input type="checkbox"/> Muscle System Physiology <input type="checkbox"/> Cardiovascular System <input type="checkbox"/> CAD & Fetal Circulation <input type="checkbox"/> Blood <input type="checkbox"/> Respiratory System <input type="checkbox"/> Digestive System <input type="checkbox"/> Urinary System <input type="checkbox"/> Water & Salt Balance (Kidneys) <input type="checkbox"/> Endocrine Physiology (General) <input type="checkbox"/> Reproductive Physiology <input type="checkbox"/> Endocrine Control of Metabolism | <ul style="list-style-type: none"> <input type="checkbox"/> Membrane Transport, Protein Structure, PH <input type="checkbox"/> Lab: <ul style="list-style-type: none"> <input type="checkbox"/> Skeletal System <input type="checkbox"/> Histology <input type="checkbox"/> Neuroanatomy <input type="checkbox"/> Reflex Physiology <input type="checkbox"/> Special Senses <input type="checkbox"/> Muscle Anatomy & Joints <input type="checkbox"/> Cardiovascular Anatomy <input type="checkbox"/> Electrocardiography <input type="checkbox"/> Arterial Blood Pressure <input type="checkbox"/> Blood Cell ID & Hemoiesis <input type="checkbox"/> Respiratory & GE Anatomy; Lung Histology <input type="checkbox"/> Respiratory Physiology <input type="checkbox"/> GI & Renal Histology <input type="checkbox"/> Urinary & Reproductive Anatomy <input type="checkbox"/> Urine Analysis <input type="checkbox"/> Gonad Histology |
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SUBMIT a copy of this form to otprogram@uwlax.edu

EMAIL SYLLABUS TO: otprogram@uwlax.edu

OFFICE USE ONLY					
Request Complete:		Form Complete:		Syllabus Received:	
Date Received:		Date Reviewed:			
Action:	Approved ___	Not Approved ___	Reason:		
Student Notification		Date:	Email ___	Phone ___	Letter ___