

PRE-REQUISITE APPROVAL REQUEST FORM
 University of Wisconsin – La Crosse MS Occupational Therapy
Physics (4 Credits)

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 **Physics** requirements will need to cover the majority of the following topics. Please select the topics you believe your course covered:

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| <ul style="list-style-type: none"> ▪ Kinematics ▪ Forces ▪ Statics and Torque ▪ Work and Energy ▪ Rotational Motion ▪ Fluid Statics ▪ Dynamics ▪ Oscillations ▪ Waves ▪ Sound ▪ Hearing Electric Fields ▪ Voltage ▪ Current ▪ Magnetism ▪ Optics ▪ Light | <ul style="list-style-type: none"> ▪ Atomic Physics ▪ Lab: <ul style="list-style-type: none"> ○ Measurement Error Analysis ○ Kinematics ○ Force Table ○ Force and Acceleration ○ Statics Torque ○ Rotational Inertia ○ Oscillations ○ Buoyancy ○ Speed of Sound ○ Ohm’s Law ○ Magnetic Fields ○ Refraction and Lenses |
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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 ___