

**OCCUPATIONAL  
THERAPY ASSISTANT  
Grossmont College**



*Program Exit Form*

---

Date \_\_\_\_\_

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Class Number: \_\_\_\_\_ Month/Year of Entry: \_\_\_\_\_ Exit Semester: \_\_\_\_\_

Prerequisite Grades: Anatomy \_\_\_\_\_ Physiology \_\_\_\_\_

OTA Courses Completed/Grade:

CLASS	GRADE	CLASS	GRADE

Reason for Leaving:

Plans for Re-Entry:

Comments