THE UNIVERSITY OF BRITISH COLUMBIA
Occupational Science and Occupational Therapy
Faculty of Medicine

Master of Occupational Therapy Written Response Form

Last Name, First Name:	
Birthdate (DD/MM/YYYY):	
Email address:	
8 Digit UBC Student number (if known):	

Please respond to the question or statement below and submit as part of your application to the Master of Occupational Therapy program. This response must be typed and submitted using this document to your online application by the application deadline.

The MOT Program highlights the following 7 values as part of the moral and ethical anchors for our program: Community, Compassion, Curiosity, Equity, Excellence, Inclusion, and Innovation. Please select at least one, but no more than three of these values, and in 250 words or less, describe an action or experience leading up to your application for this program that demonstrates these values.

Please limit your response to no more than 250 words: