CROSS CULTURAL Experience Plan - ALL students must complete

_____ _____
Name (Print in Full) Today's Date

_____ _____
Student ID# Email Address

Year of Graduation: _____ Advisor: _____

PLAN:

Please check one option to indicate your plan to meet the Department of Occupational Therapy cross cultural experience requirement:

- ☐ **1. SJSU Faculty-Led Programs (FLP) Which program?_____**
- ☐ **2. Utrecht Netherlands Which 5 ECTs course? _____**
- ☐ **3. International Experience Which experience? _____**
- ☐ **4. OCTH 298 Independent Study (1 unit, CR/NC)**

If you select option 1, 2, or 3-sign here & submit to your Advisor:

Student Signature: _____

If you select option 4 please complete and sign the petition below:

PETITION:

- Prior international/cross-cultural experience (within the last 7 years)
- Proposed international experience
- Proposed Domestic cross-cultural experience

Please describe your prior international/cross-cultural experience or your proposed cross-cultural experience(s) (international or domestic) *Please be very specific* and describe how it relates to your personal and professional goals:

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Requirement Checklist -does your proposal:

☐ **provide exposure to a culture different from one's own**

☐ **reflect engagement with a culture with which one has no or limited prior exposure**

☐ **include setting(s) in which one has direct interaction with the population**

☐ **provides onsite/engagement with others for a minimum of 25 hours total**

☐ **recognize that the independent study (OCTH 298 -1 unit) fulfills the Department cross-cultural experience requirement only and that OCTH 210 or another approved elective is required for graduation**

Signature: _____

Submit this petition to your Advisor for review by the Faculty.

Response of Faculty to petition: _____ Approved _____ Denied

Student notified of Faculty decision:_____
Date By Whom

Revised 10/6/2025