

**UNIVERSITY OF CENTRAL ARKANSAS
DEPARTMENT OF SPEECH-LANGUAGE PATHOLOGY**

APPLICATION FOR ADMISSION

Please TYPE or PRINT all entries

Application for <input type="checkbox"/> Full-Time	School Year and Term <input type="checkbox"/> Fall 20_____	Arkansas Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
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Last Name	First	Middle	Social Security Number	
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Current Address - Street	City	State and Zip Code	Telephone	E-mail
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Home Address - Street	City	State and Zip Code	Telephone	E-mail
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LIST ALL ACADEMIC WORK BEYOND HIGH SCHOOL

College or University & Location	Major(s)	Minor Attended	Degree	GPA	Dates

GRE: Verbal_____ Quantitative_____ Analytical or Writing _____

List all work experience, including volunteer:

Name of Employer	Your Title	Type of Work	Dates

Honors, Awards, or Special Recognitions

List the names, addresses and telephone numbers of two people (not relatives) who will express their opinion concerning your ability, capacity, motivation for professional study, and potential as a speech-language pathologist. One of these references should be from a college professor and/or a clinical supervisor (if possible).

1. Name _____ Occupation or Title _____

Address _____ Telephone _____

2. Name _____ Occupation or Title _____

Address _____ Telephone _____

Additionally, ask the chair of your speech-language pathology department to complete the enclosed recommendation form and give it to you in a sealed envelope

On a separate sheet, please write a narrative (approximately 500 words) describing your professional plans (career and or further graduate studies)

Send application, recommendation form, narrative, departmental financial aid materials, and a \$25.00 check payable to the University of Central Arkansas to:

Sharon Ross, Graduate Program Coordinator
Department of Speech-Language Pathology
University of Central Arkansas
201 Donaghey Avenue
UCA Box 4985
Conway, AR 72035-0001

Signature of Applicant

Date

**APPLICATION FOR GRADUATE TRAINEESHIP/ASSISTANTSHIP
DEPARTMENT OF SPEECH-LANGUAGE PATHOLOGY**

UNIVERSITY OF CENTRAL ARKANSAS
201 Donaghey Street
UCA Box 4985
Conway, AR 72035-0001

PLEASE TYPE OR PRINT

NAME _____ SEX Male Female

ADDRESS _____
(Street No. or P.O. Box) (City) (State) (Zip)

PHONE _____ E-MAIL _____

SOCIAL SECURITY NUMBER/I.D. NUMBER _____

ARE YOU A RESIDENT OF ARKANSAS? YES NO

PRESENT POSITION _____ BUSINESS PHONE _____

— RACIAL/ETHNIC CATEGORY (Race and Sex used for statistical and reporting purposes only)

- American Indian or Alaskan Native Black Non-Hispanic Asian or Pacific Islander
 Hispanic White, Non-Hispanic Non-Resident Alien (International Student)

PLEASE CHECK THE TRAINEESHIP/ASSISTANTSHIP THAT YOU ARE MOST INTERESTED IN:

- ___ PULASKI COUNTY TRI-DISTRICT EARLY CHILDHOOD TRAINEESHIP
___ ARCH FORD EARLY CHILDHOOD PROGRAM TRAINEESHIP
___ ARKANSAS CHILDREN'S HOSPITAL TRAINEESHIP
___ TIMBER RIDGE RANCH TRAINEESHIP (Benton, AR)
___ CONWAY THERAPY SERVICES TRAINEESHIP
___ VETERANS ADMINISTRATION LEVEL I MASTER'S TRAINEESHIP

___ UNIVERSITY OF CENTRAL ARKANSAS RESEARCH ASSISTANTSHIP *
___ UNIVERSITY OF CENTRAL ARKANSAS GRADUATE ASSISTANTSHIP *

*** Complete UCA Graduate Assistantship Application and return to the UCA graduate office.**

SIGNED _____ DATE _____

University of Central Arkansas, in making decisions regarding employment, student admission, and other functions and operations adheres to a policy of nondiscrimination and complies with the Federal regulations and requirements as set forth in Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973.

Please return with your admissions application to the department of speech-language pathology.

UNIVERSITY OF CENTRAL ARKANSAS
DEPARTMENT OF SPEECH-LANGUAGE PATHOLOGY
201 Donaghey Ave. P. O. Box 4985
Conway, AR 72035-0001

Name of Applicant _____

Last Name

First Name

Social Security Number

The family Education Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his/her rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver signifying that the recommendation will remain CONFIDENTIAL; no signature means the student will have the right to read this reference.

Signature

Date

The person whose name appears above has applied for admission to the M.S. degree program in Speech-Language Pathology at the University of Central Arkansas. We would appreciate your assistance by answering the following questions. Please give this form to the applicant in a sealed envelope and sign across the flap.

<p>For each of the following abilities/traits, rate the applicant in comparison to his/her peers.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 5%; text-align: center;"><u>Excellent</u></th> <th style="width: 5%; text-align: center;"><u>Average</u></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> </tr> </thead> <tbody> <tr> <td><u>Poor</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Academic Ability</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Oral Communication</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Written Communication</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Ability to Work with Others</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Motivation</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Responsibility</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> </tbody> </table> <p>Rank in Class: _____ (e.g., 5th of 20)</p> <p>Overall, how would you rate this applicant's potential to complete a graduate program in speech-language pathology? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor</p> <p>Would this candidate be eligible for admission to your graduate program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Don't Know</p> <p>Would you recommend this candidate for a graduate assistantship? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<u>Excellent</u>	<u>Average</u>				<u>Poor</u>						Academic Ability	5	4	3	2	1	Oral Communication	5	4	3	2	1	Written Communication	5	4	3	2	1	Ability to Work with Others	5	4	3	2	1	Motivation	5	4	3	2	1	Responsibility	5	4	3	2	1	<p>Please provide any additional comments below (or on the reverse side if necessary)</p>
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<u>Poor</u>																																																	
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Name and Title

Date

Institution

Signature