

**Speech-Language Pathology Admission Application
Checklist
(Attach this Checklist to the Application Packet)**

Name _____ ID Number _____

The following items must be submitted and must be in the order indicated below:

_____ Completed Speech-Language Pathology Admission Application form

_____ PPST Scores Verification (Copy of student's notification form)

_____ Signed Rule 20/21 Form

_____ Signed Professional Dispositions Statement

_____ Unofficial Transcript (mavlink)

_____ Speech, Language, and Hearing Screen (Copy of student's results form)

NOTE: Please submit the application materials stapled in the upper left hand corner. **DO NOT** place the materials in a folder, binder, protective sheets, or protective cover. **This checklist sheet should be paper clipped to the materials.**

The application packet must be submitted, **in person**, to the Department of Special Education and Communication Disorders, 512 RH , by 5:00 p.m. on **October 1** (for spring admission) or **March 1** (for fall admission) or **June 1** (for fall admission).

Certification

To the best of my knowledge, I hereby certify that the information contained in this application is accurate and complete.

Signature

Date

| |
|---|
| Review Committee Action |
| Date Application Received: |
| Date Application Reviewed: |
| Recommendation: _____ Admit _____ Defer |