

Dear Student:

Thank you for your inquiry regarding doctoral study in the Department of Speech, Language, and Hearing Sciences at the University of Arizona. Enclosed, you will find information about the doctoral program and application materials. Please feel free to contact me if you have any questions about the materials that we have enclosed. You may reach me by telephone at (520) 626-9528 or via email: [bstory@email.arizona.edu](mailto:bstory@email.arizona.edu)

To apply for admission, you must complete application materials for the Graduate College and the Department of Speech, Language, and Hearing Sciences.

The application procedures for the Graduate College can be found online at: <http://grad.arizona.edu/applynow.php>. See the flyer in this packet for more information.

The application materials required by the Department include:

1. Completed "Application for Admission to Doctoral Study in the Speech, Language, and Hearing Sciences Department";
2. Graduate Record Examination Scores (unofficial scores **will be** accepted);
3. **Official** transcripts from the institutions that have awarded an academic degree to you;
4. Three (3) letters of recommendations, preferably from faculty who are familiar with your recent academic work;
5. A sample of your scholarly writing, such as a thesis, report of directed research, term paper, or publication;
6. A statement that summarizes why you wish to pursue doctoral study in the Department and that describes your specific interests;
7. Stamped, self-addressed postcard, which we will return to you to verify receipt of your application materials.

At least one faculty member must agree to serve as your major advisor. The doctoral program emphasizes individual research and study with a specific faculty member, thus it is essential that your research goals be consistent with the interest of that faculty member. Please examine the enclosed list of faculty members and their research interests. Include your choices in your prepared application statement.

After we have received your application materials, members of the Doctoral Committee will review your credentials to determine whether to proceed with the admission process. This review process usually requires a period of about 3 weeks. I will inform you of the status of your application as soon as it is possible to do so.

If your application for doctoral study is approved, then a decision regarding financial support will follow soon after. At present, the Department provides several types of support, including teaching associateships, research associateships, and scholarships. To receive consideration for these awards, your application materials should be received by **February 1<sup>st</sup>** for the subsequent fall semester or by **October 1<sup>st</sup>** for the subsequent the spring semester. For international students, the deadline is December 1<sup>st</sup> for fall admission and June 1<sup>st</sup> for spring.

For further information and to print extra forms, please visit our website:  
<http://slhs.arizona.edu>.

Please feel free to contact me if you have any questions. I look forward to receiving your application.

Sincerely,

*Brad Story*

Brad Story, Ph.D.  
Chair, Doctoral Committee

APPLICATION FOR ADMISSION TO DOCTORAL STUDY  
 DEPARTMENT OF SPEECH, LANGUAGE, AND HEARING SCIENCES  
 UNIVERSITY OF ARIZONA  
 TUCSON, ARIZONA 85721

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 U.S. Citizen ( )  
 Non U.S. Citizen ( )

Telephone Number: \_\_\_\_\_ State of Legal Residence: \_\_\_\_\_

Colleges and Universities Attended:				Degree Program:
Institution	Major	Minor	Dates	Speech Science ( )
_____	_____	_____	_____	Hearing Science ( )
_____	_____	_____	_____	ASHA CCC's Planned:
_____	_____	_____	_____	Speech/ Lang Path ( )
_____	_____	_____	_____	Audiology ( )

ASHA Certification Status: \_\_\_\_\_ Planned: ( ) Achieved: ( ) Not Planned: ( )  
 For: \_\_\_\_\_ CCC in Speech: ( ) CCC in Audiology: ( )

	<u>Skills</u>	<u>Basic</u>	<u>Intermed</u>	<u>Adv</u>
If you have communication skills in the following area, _____ <u>Sign Language</u>	_____	_____	_____	_____
Please identify your level of accomplishment: _____ <u>Foreign (Specify)</u>	_____	_____	_____	_____

Department of Speech, Language, and Hearing Sciences administers several scholarships, teaching assistantships, fellowships, and traineeships. Please indicate whether you wish to be considered for one of these by checking the appropriate box.

( ) Please consider me for a scholarship, assistantship, fellowship, or traineeship.

( ) I do not wish to be considered.

There is financial assistance available to some individuals who request special consideration because of minority group status. If you would like to be considered for this funding, please indicate:

Yes ( ) My ethnic status is: \_\_\_\_\_.

On a separate page, please provide the following information:

- A. Your primary goals in pursuing graduate studies. Comment on the value of theory, research interest, applied information, practicum and skills in interpersonal relationships.
- B. Courses in progress that do not appear on your transcript.
- C. Courses that you plan to take prior to admission here.
- D. Summarize your career goals.
- E. List the names and positions of the three individuals who will send letters of recommendation on your behalf.
- F. If you are not a U.S. Citizen, summarize any plans you have for obtaining citizenship.
- G. Academic, Scholarly and professional awards you have received.
- H. A sample of your scholarly writing, such as a thesis, report of directed research, term paper or publication.

I am applying for admission to: ( ) full-time ( ) part-time study for the \_\_\_\_\_ Semester, 20\_\_\_\_\_.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Speech, Language, and Hearing Sciences - University of Arizona

## RECOMMENDATION FORM

**TO THE APPLICANT:** Fill in the upper portion of the form and then give it to academic faculty who are able to evaluate your qualifications for graduate study, with a self-addressed envelope. **DO NOT** request recommendations from a non-academic person unless you have been away from the academic institution for some time. Include the sealed letters of recommendation with your application.

Under the Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including recommendations. However, some instructors may assign greater significance to those that will remain confidential. You may waive, or decline, your right to review recommendations. Please mark the appropriate box below and sign your name.

I waive my right to review this recommendation, and request a candid evaluation with all relevant information provided.

I do not waive my right to review this recommendation, but request a candid evaluation with all relevant information provided.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_  
Last Name First Name Middle Name

Dear \_\_\_\_\_  
(Evaluator's Name)

I am applying for admission for advanced study in the field of:

Speech-Language Pathology

Speech Science

+++++

**TO THE EVALUATOR:** Please attach your letter of recommendation to this form. In addition please evaluate the applicant relative to others you have taught, as indicated below.

**In relation to other students I have taught, this student is:**

Degree Level	MS.	Ph.D.
Outstanding - Highest 5%	<input type="checkbox"/>	<input type="checkbox"/>
Superior - Highest 15%	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory - Highest 25%	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory - with some reservation	<input type="checkbox"/>	<input type="checkbox"/>
Unsatisfactory	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Institution or Affiliation

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Speech Science

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**In relation to other students I have taught, this student is:**

Degree Level	MS.	Ph.D.
Outstanding - Highest 5%	<input type="checkbox"/>	<input type="checkbox"/>
Superior - Highest 15%	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory - Highest 25%	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory - with some reservation	<input type="checkbox"/>	<input type="checkbox"/>
Unsatisfactory	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Institution or Affiliation

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Last Name First Name Middle Name

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Speech Science

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**TO THE EVALUATOR:** Please attach your letter of recommendation to this form. In addition please evaluate the applicant relative to others you have taught, as indicated below.

**In relation to other students I have taught, this student is:**

Degree Level	MS.	Ph.D.
Outstanding - Highest 5%	<input type="checkbox"/>	<input type="checkbox"/>
Superior - Highest 15%	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory - Highest 25%	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory - with some reservation	<input type="checkbox"/>	<input type="checkbox"/>
Unsatisfactory	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Institution or Affiliation