

SLPA Program Application

Speech, Language, and Hearing Sciences at The University of Arizona

Applicant Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
E-Mail Address	

Requirements

- Official transcripts from all Institutions attended
- Cumulative GPA of 2.8 or better
- Letter of Intent
- Two letters of recommendation (Recommender information needed below)
- 25 hours of observation of adult and pediatric therapy
- Take or show completion of upper division coursework covering:
 - Communication Disorders I Date taken/grade: _____
 - Communication Disorders II Date taken/grade: _____
 - Speech Sound Disorders Date taken/grade: _____

Recommenders

Name	Name
Title	Title
Institution or Company	Institution or Company
Email	Email
Phone	Phone
Address	Address

Interests

Desired place of employment: (check all that apply)

- Schools Skilled Nursing Facility Hospital Private Practice/Clinic
- Other (please explain) _____

Have you already identified a supervisor or job once you complete the program?

- Yes Supervisor Name/Location _____
- No

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	