

CAP STUDENT APPLICATION FORM

WEEKLY SCHEDULE – please indicate times you ARE AVAILABLE for an assignment

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					

Name _____ Email _____ Phone _____ Semester _____

Are you HIPAA trained? _____ Interested in Speech, Language Pathology (SLP) or Audiology(Aud)? _____

Academic Year: _____ Area of Interest _____

Please complete the application form, attach an unofficial transcript, put both in a sealed envelope and put it in Cass Faux's mailbox on the 2nd Floor if you are interested primarily in Speech/Language or Tom Muller's mailbox on the 2nd floor if you are primarily interested in Audiology.

Office Use Only

GPA _____