

SOUTHERN CONNECTICUT STATE UNIVERSITY
Department of Communication Disorders
Application for Admissions

NAME: _____ **SS#** _____
(Please type or print)

PERMANENT ADDRESS: _____ **PHONE:** _____
(Street) (City) (State) (Zip)

PROGRAM: Speech-Language Pathology

Do you wish CT Department of Education Certification? Yes _____ No _____ Not Certain _____

Do you anticipate attending: Part-time _____ Full-time _____

TEMPORARY ADDRESS: _____ **PHONE:** _____
(Street) (City) (State) (Zip)

UNDERGRADUATE DEGREE: _____ **MAJOR:** _____
MINOR: _____

INSTITUTION: _____ **DATE DEGREE CONFERRED:** _____

GRADUATE WORK: _____ **MAJOR:** _____
(Degree or No. of credits)

INSTITUTION: _____ **MAJOR:** _____

Please submit a 250-300 word essay on a personal challenge you have experienced in your life and how you handled it or some project you initiated and maintained independent of parental or school input.

Letters of recommendation requested from:

Please forward this information to:

Department of Communication Disorders/Admissions Committee
Southern Connecticut State University, Davis Hall
501 Crescent Street
New Haven, CT 06515-1355

Applicant's Signature

Date

On reverse side of form, please list all honors, extracurricular activities and experiences related to the profession.