



DEPARTMENT OF
COMMUNICATION
SCIENCES AND DISORDERS

Harding University

Name _____
Last (family) First (given) Middle Birthname (or former name)

Marital Status Single Married Widowed Divorced

Social Security No. _____ Male Female

Citizen of U.S.? Yes No (If no, indicate status)

Permanent Resident: Alien Registration Number _____ (provide copy)

International Student _____
Country of Citizenship Native Language

Date of Birth _____ **Place of Birth** _____

E-mail Address _____ **Phone No.** _____

Mailing Address:

Street Address

City State or Province Zip or Postal Code

Permanent Address: (if different than above)

Street Address

City State or Province Zip or Postal Code

Country of Legal Residence _____

Admission requested for Fall _____ (date) **Plan to Attend** Full-time

Skill in language(s) other than English: language(s) _____

Level of skill (please circle one): native, very good, good, reading only, speaking only

Are you applying for a Graduate Assistantship or Fellowship? Yes No

ALL ACADEMIC INSTITUTIONS (Past and Present) BEYOND HIGH SCHOOL LEVEL
(Failure to list all educational institutions, regardless of whether or not a degree was received, may be grounds for cancellation of admission.)

Institution	Dates of Attendance	Major Field of Study	Degree Received	Date Degree Granted

Have you taken the G.R.E.? (If yes, fill in)

Scores: _____ Scores submitted? Yes (Date) _____ No

EMPLOYMENT EXPERIENCE (Include present and previous employment and military service.)

Employer	From	To	Brief Description of Duties

ACADEMIC OR EMPLOYER REFERENCES (see application checklist for specific requirements)

Name	Address

I hereby waive my right to inspect letters of recommendation. Yes No

Submission of my signed Graduate program application indicates that I have read and understood that the ability to perform the **Essential Skills** (posted online and mailed with the application packet) is **required** for successful completion of the Master of Science in Speech-Language Pathology degree and professional certification and practice as a Speech-Language Pathologist.

SIGNED _____ **DATE OF APPLICATION** _____
 (Applicant)