

Department of Speech-Language Pathology and Audiology (SPLAD)

This form is to be used by prospective students who are applying to the Andrews University Undergraduate

Program in Speech-Language Pathology and Audiology

APPLICATION DEADLINE: FEBRUARY 4 (annually)

Section I: Personal Profile of Applicant						
Name of Applicant:			Date of Birth:			
	Last Name)	(First Name)	(Month/Day/Year)			
Permanent Address of A	pplicant:					
		(Street Address)				
(City)	(State)	(Zip Code)	(Country)			
Telephone Number:		Email Address:				
(Ex	ample: xxx-xxx-xxxx)		(johndoe@domain.com)			
Gender of Applicant: [] Male [] Female					
Ethnicity of Applicant (C	Check all that apply):					
[] White (non-Hispanic)	[] Hispanic	[] Black (non-Hisp	panic) [] Indian			
[] Asian	[] Native American	[] Pacific Islander	[] Other			
Section II: APPLICATI	ON PROFILE					
-	best describes your curre					
[] Student changing f	from another academic n	najor at Andrews Unive	thology & Audiology program at AU ersity			
	g from another college of thelor's degree (other the	•	athology and Audiology) applying for			
SPLAD completio						
[] Graduate student a	pplying for the SPLAD	completion courses				
	er you have already com		_			
		•	m: Have you already applied and			
	acceptance to Andrews		[] Yes [] No			
-		•	ine for general application edu/future/apply/index.html			
requirements filst	uctions and procedures	. http://www.andrews.c	da/ratare/appry/maex.num			
b. For those with No	on U.S. Degrees for Fore	eign Transfer Students:	Has your academic transcript already			
•	the Andrews Universit		[] Yes [] No			
If No please visit	the following link for d	letails and instructions.	https://www.andrews.edu/grad/interna			

Section III: ACADEMIC PROFILE OF APPLICANT 1. Most Recent Educational Institute Attended:

	(Name of Co	ollege/University)		
(City)	(State)	(Zip Code)	(Cor	untry)
2. The number of college cre	edits you have a	already successfully con	mpleted is:	
3. Please indicate whether ye	ou have comple	eted any of the followin	g academic courses or	equivalents:
() Introduction to Communica	tion Disorders	Year Completed:	Grade:	Credits:
() Anatomy and Physiology		Year Completed:	Grade:	Credits:
() Applied Phonetics		Year Completed:	Grade:	Credits:
() Articulation and Phonology		Year Completed:	Grade:	Credits:
() English Comp I		Year Completed:	Grade:	Credits:
· · · · · · · · · · · · · · · · · · ·	eel may be rele	vant to your acceptance	to this program such a	as math, science
· · · · · · · · · · · · · · · · · · ·	·	vant to your acceptance	to this program such a	ns math, science, Credits:
nglish courses:	_ Year Comp			
nglish courses: Class:	_ Year Comp	pleted:	Grade:	Credits:
nglish courses: Class: Class:	_ Year Comp _ Year Comp _ Year Comp	pleted:	Grade:	Credits: Credits:
Class:	_ Year Comp _ Year Comp _ Year Comp	pleted: pleted:	Grade: Grade:	Credits:
nglish courses: Class: Class:	_ Year Comp _ Year Comp _ Year Comp	pleted: pleted:	Grade: Grade:	Credits: Credits: Credits:
Class:Class:	Year Comp Year Comp Year Comp Year Comp	pleted: pleted: pleted: pleted:	Grade: Grade: Grade: Grade:	Credits: Credits: Credits: Credits:

5.	Please use the provided space (2pages) to write a 500 word statement describing your best achievement. Also describe the one thing that you wish you could do over again. Include why and how you would do it again.

<u> </u>	
By typing my name on the signature line above and clicking the I AGREE button, I indicate that the inf on this application is true. For Office Use Only	Day/Year)
on this application is true. For Office Use Only	
	formation provided
Accepted to SI LAD.	
Not Accepted to SPLAD:	
Reason:	