

THE UNIVERSITY OF IOWA

APPLICATION FOR THE CERTIFICATE IN ASL AND DEAF STUDIES

Date: _____ Projected graduation date: _____

Name: _____ SSN: _____

Campus Address: _____ UI ID#: _____

Campus Phone: _____ Work Phone: _____

Home Address: _____

Home Phone: _____

email: _____

Current Status:

() Undergraduate Major: _____

() Graduate Advisor: _____

() Special Graduate Student Advised by AAC or Department? _____

Please attach a statement of purpose which describes why you want to pursue the Certificate in American Sign Language and Deaf Studies.

American Sign Language

Have you completed or are you currently taking any of the following courses and if so, where?

ASL I _____

ASL II _____

ASL III _____

ASL IV _____

OPTIONAL INFORMATION:

() Female () Male

() Deaf () Hard of Hearing () Hearing

Please return this completed form to:

American Sign Language Program
679 Phillips Hall
The University of Iowa
Iowa City, IA 52242