

The University of Iowa requests the following information for the purpose of processing your application for admission to the program in speech pathology and audiology. No persons outside The University of Iowa are routinely provided this information. While completion of the form is voluntary, failure to supply requested information may curtail our ability to process your application appropriately.

DEPARTMENT OF SPEECH PATHOLOGY & AUDIOLOGY INFORMATION FORM

Name _____ Term for which applying _____

GENERAL INFORMATION

Please list addresses and phone numbers at which you can be contacted prior to enrollment at The University of Iowa

Permanent:

Telephone () _____ Street Address _____

City _____ State _____ ZIP _____

e-mail address: _____

Temporary: (Indicate effective dates)

From _____ To _____

Telephone () _____ Street Address _____

City _____ State _____ ZIP _____

e-mail address: _____

SECTION I

To be completed by applicants for clinical training degrees and non-clinical masters program only

Program of Interest

Please circle the appropriate response to indicate which program you plan to follow. Information on these programs is presented in the Speech Pathology and Audiology departmental reprint of The University of Iowa General Catalog and in the "Information for Prospective Graduate Students."

- | | |
|--|---|
| 1. Professional (clinical) emphasis in | Speech-Language Pathology (MA)
Audiology (AuD) |
|--|---|

Note: *The following programs are not designed to meet clinical certification requirements in any area.*

- | | |
|---|--|
| 2. MA with research emphasis in | Speech & Language
Hearing |
| 3. Nondegree, professional improvement program in | Speech-Language Pathology
Audiology |

