

## Regular (4-year) sequence Doctor of Audiology (AuD) Application

Included in this packet you will find the information you need to apply to the Doctor of Audiology (AuD) Program. Use this packet if you have (or will have) a BS/BA in Communication Sciences. Please note that your materials must be received by the ISU no later than February 1st of the year in which you would like to enroll (classes begin in late August). We welcome your application and generally have first round admission decisions made by mid to late February.

<b>Steps to Applying</b>	✓ Date completed:
<p><b>Apply to the Graduate School at Idaho State University.</b> The most current application is included in this packet (p. 2-7), or you may access these forms at: <a href="http://www.isu.edu/departments/graduate/">http://www.isu.edu/departments/graduate/</a>, look for the application forms in the menu on the right. You may apply and pay on-line, or mail the application and fee (\$55) to:</p> <p style="padding-left: 40px;">Graduate School at ISU 921 So. 8<sup>th</sup> Ave. Mail Stop 8075 Pocatello, ID 83209-8075</p>	
<p>Apply to the Department of Communication Sciences and Disorders and Education of the Deaf.</p> <ol style="list-style-type: none"> <li>a. Fill out the <b>Department Application Form</b> (p. 8).</li> <li>b. Fill out the <b>Pre-requisite Courses Form</b> (p. 9-14).</li> <li>c. <b>Recommendation Forms</b> (p. 15-16) – signed and sealed. Fill out the top portion of the form yourself and give to <b>three</b> references. (Forms may be mailed directly to the department or included with your other materials.) Please note that this packet contains one letter, you will need make additional copies as needed.</li> <li>d. <b>Mail</b> items a-c to:           <p style="padding-left: 40px;">CSED, attn: Carma 921 So. 8<sup>th</sup> Ave. Mail stop 8116 Pocatello, ID 83209-8116</p> </li> </ol>	
<p>Send all <b>college transcripts</b>. Transcripts must be <u>official</u> and mailed from your institution. Colleges/Universities should send the transcripts to:</p> <p style="padding-left: 40px;">Graduate School at ISU 921 So. 8<sup>th</sup> Ave. Mail Stop 8075 Pocatello, ID 83209-8075</p>	
<p>Take the <b>GRE</b> (Graduate Record Examination) and have the <u>official scores</u> sent to Idaho State University. Use <b>ISU code 4355 Graduate School</b>. Information about the GRE can be found at: <a href="http://www.ets.org/gre">www.ets.org/gre</a>. Scores must be received by the application deadline, February 1<sup>st</sup>, in order for your application to be complete.</p>	
<p>Questions can be directed to:</p> <p style="text-align: center;">Dr. Jenn Holst 208.282.3747 Fax 208.282.4571 holsjenn@isu.edu</p>	

# Application for Admission to Graduate School at Idaho State University

(Note: INTERNATIONAL STUDENTS must use the International Student Application for Admission)

All **new** Graduate School applicants, or **applicants for readmission** who have been **inactive for more than 5 years**, must submit a *non-refundable* **\$55.00 application fee**. This fee is not charged to ISU Employees, and those 60 years or older.

- Please **make checks payable to Idaho State University**
- If you wish to pay by credit card, please call the Cashier's Office at 208-282-2900
- Please allow **4-6 weeks for application processing**

## GRADUATE SCHOOL

921 South 8th Avenue, Stop 8075  
Museum Bldg #12, Rm 401  
Idaho State University  
Pocatello, ID 83209-8075

Telephone: 208-282-2150 / 1-800-374-4781 Fax: 208-282-4847  
E-mail: [graddean@isu.edu](mailto:graddean@isu.edu) Website: [www.isu.edu/graduate](http://www.isu.edu/graduate)

### Application For: (check one)

- Admission
- Readmission (after 2-5 years of inactivity)
- Change of current program
- Change of current status
- Second master's degree
- Continue from master's degree to doctoral degree
- Concurrent degree (seeking two or more graduate degrees simultaneously)

### Status Requested: (check one)

- Classified (Degree Seeking)
- Unclassified (Non-Degree-Seeking)
- Certificate

### Date of Planned Enrollment: (check one)

- Fall \_\_\_\_\_(Year)
- Spring \_\_\_\_\_(Year)
- Summer \_\_\_\_\_(Year)

- Submit: this application, the \$55 application fee, and the Residency Form (required for all applications), and **ALL** non-ISU transcripts.
- All application materials become the property of Idaho State University.
- Incomplete applications **WILL NOT BE PROCESSED**.
- Some departments require application materials in addition to what is required by the Graduate School, and have deadlines for submission of those materials that are different from the deadlines given by the Graduate School. Please consult your department for additional information.

## Application DEADLINES for the Graduate School

DEGREE SEEKING students MUST submit completed applications no later than the following dates:

**Fall: July 1st**

**Spring: December 1st**

**Summer: May 1st**

Applications will be processed in the order in which they are received.

Some departments have deadlines that are earlier than these dates. Contact your department for more information.

Social Security # or Bengal ID: \_\_\_\_\_

Check if you are: ( ) ISU Faculty ( ) ISU Staff ( ) ISU Spouse  
If ISU spouse, what is your spouse's name? \_\_\_\_\_

Complete Name: \_\_\_\_\_  
Last First Middle

Maiden name or other names under which you have attended college: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: ( ) M ( ) F Veteran: ( ) Yes ( ) No

Permanent Address: \_\_\_\_\_  
Street Address / PO Box City State Zip Home Phone / Cell Phone

Current Mailing Address: \_\_\_\_\_  
Street Address / PO Box City State Zip Home Phone / Cell Phone

Email Address: \_\_\_\_\_ Number of Graduate Credits from Other Institutions: \_\_\_\_\_

Enrollment Plan: ( ) Full-time ( ) Part-time

Enrollment Location: ( ) ISU-Pocatello Campus ( ) ISU-Boise Campus ( ) Other \_\_\_\_\_

Citizenship: ( ) U.S. Citizen ( ) Immigrant: You MUST include a copy of your Green Card/Permanent Resident Card with this application.

(Note: INTERNATIONAL STUDENTS must use the International Student Application for Admission)

\*\*\*\*\*  
This ethnicity information is solicited for **Affirmative Action** purposes only. Your answers will be kept confidential. You need not answer these questions, and failure to answer will not affect admission decisions.

Ethnicity: ( ) Native American Indian ( ) African-American ( ) Hispanic/Latino ( ) Asian/Pacific Islander ( ) Caucasian/White

Idaho State University is an Equal Opportunity/Affirmative Action Institution and complies with the Family Educational Rights and Privacy Act of 1974.

\*\*\*\*\*

**This Section is for DEGREE SEEKING (Classified) Students ONLY  
(For Non-Degree-Seeking Status, please see below)**

Consult the Idaho State University **Graduate Programs of Study List with Major Codes**. This list appears in the catalog, on our website, and is available through the Graduate School. Determine and enter below the College, Department, and Major Code of the program you wish to enter (be specific). For Interdisciplinary Master's Degree ONLY, a secondary department is to be listed.

College \_\_\_\_\_ Department \_\_\_\_\_ Degree Title \_\_\_\_\_ (i.e., M.S., Ph.D., etc.)  
 Emphasis/Option \_\_\_\_\_ Secondary Department \_\_\_\_\_ Degree/Major Code \_\_\_\_\_  
 (Master's Interdisciplinary ONLY) (see list)

- All students applying for classified status **MUST** submit one official transcript, with degree(s) posted, if applicable, from **EVERY** institution attended; however, if you are currently attending ISU, or have attended in the past, you do not need to order official transcripts from ISU.
- Official transcripts are those sent directly from the institution in an officially sealed envelope to the ISU Graduate School.
- ISU **does not accept faxed transcripts** from any university.
- List **ALL** colleges or universities that you have attended, including any dates attended at ISU. Attach additional sheet if needed.

Full Name of College/ University No abbreviations please (include former university name, if applicable)	City, State	Dates Attended month/year month/year	Date Graduated <u>OR</u> Intended Graduation Date month/year	Degree Awarded <u>OR</u> Intended Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Other Required Document(s):**

**Check only one:**    ( ) I have taken the GRE/GMAT/MAT \_\_\_\_\_ month/year    ( ) I plan to take the GRE/GMAT/MAT \_\_\_\_\_ month/year

**(You must have your official GRE/GMAT/MAT Scores sent to the Graduate School at Idaho State University before your application will be complete.)**

- All students applying for classified status **must** submit scores for the GRE (or the MAT or GMAT - please see next two items).
- All students applying for admission to programs in Counseling and Education **may** submit scores from the Miller Analogies Test (MAT) in lieu of GRE scores.
- All students applying for the MBA program **must** submit scores for the Graduate Management Admission Test (GMAT) rather than GRE/MAT scores.
- Students who have not taken the appropriate exam may be considered **only** for conditional status.
- Students admitted to conditional status **may not be eligible** for federal financial aid.
- Conditional students **must** take the examination (GRE/MAT/GMAT) during the first semester of enrollment.
- The Graduate School does **not** administer GRE/MAT/GMAT exams. Please call the **Counseling & Testing Center at 208-282-2130** (Graveley Hall, Room 350) to schedule a testing appointment or for exam inquiries.
- Students whose first language is not English may be required to show proof of English proficiency.

*I certify that the foregoing responses are true, complete and correct. I understand that my Admission to Idaho State University, and my Residency and Immigration status are based on the validity of these statements. I agree to abide by and be subject to all rules, regulations, and policies of Idaho State University. I further agree to provide documentation as required above. **FURTHER, I UNDERSTAND THAT MY APPLICATION WILL NOT BE COMPLETE UNTIL ALL TRANSCRIPTS AND OTHER APPLICATION MATERIALS ARE RECEIVED.***

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**This Section is for NON-DEGREE SEEKING (Unclassified) Students ONLY**

If you do **not** wish to enter a degree program, but wish to enroll for courses at the graduate level, please indicate below the department in which these courses are offered.

College \_\_\_\_\_ Department \_\_\_\_\_ (please be specific)

In order for your unclassified application to be processed, **YOU MUST SUBMIT PROOF OF ANY DEGREES EARNED**. Any one of the following will suffice: **Copy** of a transcript or diploma showing degree awarded, **letter** from an appropriate university official (i.e., registrar), or **copy** of a current State of Idaho Teacher Certification.

Full Name of College/ University No abbreviations please (include former university name, if applicable)	City, State	Dates Attended month/year month/year	Date Graduated or Intended Graduation Date month/year	Degree Awarded or Intended Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

You may register for graduate courses prior to acceptance by the department named above, by signing below. Please note the following as well:

- **Unclassified students are limited to no more than 7 credit hours per semester** • **Not all graduate courses are open to Unclassified students**
- **Unclassified status is not available for International Students** • **Unclassified status does not constitute admission to any degree program**
- **Courses taken while in Unclassified status may be applied to degree programs only by petition. Only a limited number of unclassified credits (30%) are allowed to be petitioned.**

*I certify that I hold a degree from an accredited institution. I further certify that the foregoing responses are true, complete and correct. I understand that my Admission to Idaho State University, and my Residency and Immigration status are based on the validity of these statements. I agree to abide by and be subject to all rules, regulations, and policies of Idaho State University. **FURTHER, I AGREE TO PROVIDE PROOF OF ALL DEGREES EARNED, AND I UNDERSTAND THAT MY APPLICATION WILL NOT BE COMPLETE UNTIL THIS PROOF IS PROVIDED.***

Signed \_\_\_\_\_ Date \_\_\_\_\_

# RESIDENCY INFORMATION

## For Graduate Students at Idaho State University

\*\*\*MUST BE COMPLETED BY ALL APPLICANTS (EXCEPT INTERNATIONAL STUDENTS), INCLUDING IDAHO RESIDENTS\*\*\*

\*\*\*\*\*

### RETURN THIS APPLICATION FORM AND ALL OTHER REQUIRED APPLICATION MATERIAL TO:

**Graduate School**  
921 South 8th Avenue, Stop 8075  
Museum Bldg #12, Rm 401  
Idaho State University  
Pocatello, ID 83209-8075

Telephone: 208-282-2150 / 1-800-374-4781  
Fax: 208-282-4847  
E-mail: [graddean@isu.edu](mailto:graddean@isu.edu)  
Website: [www.isu.edu/graduate](http://www.isu.edu/graduate)

\*\*\*\*\*

**THIS FORM IS CONSIDERED PART OF YOUR APPLICATION TO GRADUATE SCHOOL.**  
**YOUR APPLICATION WILL NOT BE COMPLETE WITHOUT THIS FORM.**

\*\*\*\*\*

**CITIZENSHIP INFORMATION:** Answers to the following questions determine your citizenship status.

Are you a U.S. citizen?     Yes     No

If yes, in which USA state do you claim legal residency? \_\_\_\_\_ If Idaho, in which County do you reside? \_\_\_\_\_

If you are not a U.S. citizen, what is your country of citizenship? \_\_\_\_\_

Do you have a Green Card/ I-151/I-551 showing permanent residency?     Yes     No

- If yes, you must submit a copy of your official Green Card to the ISU Graduate School.
- If no, you should not complete this form. Instead, you must complete the International Student Application for Admission form.
- If you believe that you qualify for Idaho residency, please contact the Residency Specialist in the ISU Admissions Office.

\*\*\*\*\*

**RESIDENCY INFORMATION:** Answers to the following questions determine your residency status.

Idaho residency status for fee payment purposes MAY be determined by one or more of the following. Please check all boxes that apply if claiming **Idaho residency**.

State of Residence \_\_\_\_\_ From (month/year) to (month/year) \_\_\_\_\_ If less than 12 months, previous State \_\_\_\_\_

If Idaho, which County? \_\_\_\_\_ From (month/year) to (month/year) \_\_\_\_\_

- One or more of my parents/legal guardians or my spouse's parents is a resident of the State of Idaho and has maintained a bona fide domicile in Idaho for at least one year immediately preceding the opening date of the term for which I plan to enroll at Idaho State University.

Parent's/Legal Guardian's Name \_\_\_\_\_ From (month/year) to (month/year) \_\_\_\_\_

Address \_\_\_\_\_

- I have continuously resided in the State of Idaho for at least one year immediately preceding the opening date of the term for which I plan to enroll at Idaho State University. I receive less than fifty percent (50%) of my support from parents or legal guardians who are NOT residents of the State of Idaho.

- I am a graduate of an accredited high school in the State of Idaho and attended Idaho State University during the term immediately following graduation, and will continue to attend Idaho State University immediately following graduation with my bachelor's (or other undergraduate) degree.

**Continued on Next Page**

- ( ) I am married to an Idaho resident. My spouse is a resident of \_\_\_\_\_ County. My spouse has been an Idaho resident from (month/year)\_\_\_\_\_ to (month/year)\_\_\_\_\_.
- ( ) I am a member of the Armed Forces stationed in the State of Idaho on military orders. I am stationed in \_\_\_\_\_ County.
- ( ) One or more of my parents or legal guardians, from whom I receive fifty percent (50%) or more of my support, is a member of the Armed Forces stationed in the State of Idaho on military orders. They are stationed in \_\_\_\_\_ County.
- ( ) I have been separated under honorable conditions from the Armed Forces after at least two years of service. At the time of separation, I designated the State of Idaho as my intended domicile or indicated Idaho as my home of record, and I am entering Idaho State University within one year of the date of separation. I will send ( )/I have sent ( ) a copy of my DD214 Form to the Graduate School at Idaho State University.
- ( ) I have been away from the State of Idaho for a period of less than one calendar year. I have not establishing legal residency elsewhere. I was a resident of the State of Idaho for a continuous twelve month period prior to departure.
- ( ) I am a member of one of the following Idaho American Indian tribes: Coeur d/ Alene Tribe, Kootenai Tribe, Nez Perce Tribe, Shoshone-Bannock Tribe, Shoshone-Paiute Tribe, or Other Tribe: \_\_\_\_\_

\*\*\*\*\*

**NON-RESIDENT TUITION WAIVER INFORMATION:**

ISU awards some Non-Resident Tuition Waivers\* to students who are not residents of Idaho. The number of these awards are limited, and are offered on the basis of scholarship and academic performance.

If you are you interested in applying for a Non-Resident Tuition Waiver, please complete an application form by May 1 for fall enrollment, or by December 1 for spring enrollment. The Non-Resident Tuition Waiver application is located on our website at <http://www.isu.edu/graduate/graduate-application.shtml>.

ISU has a Reciprocal Agreement\* with the state of Utah for the awarding of a specific number of Non-Resident Tuition Waivers (NRTW) to residents of Utah. If you would like to apply for a Non-Resident Tuition Waiver under the Utah Reciprocal Agreement, please complete an NTRW Application.

**\* Time accrued while participating in EITHER of the above programs WILL NOT contribute toward the length of time required for Idaho Residency.**

NOTE: The Art Department no longer requires the GRE for admission. HOWEVER, GRE scores are used to calculate eligibility for ASISU Scholarships and Non-resident tuition waiver awards. Students who do not provide scores will be at a disadvantage. These students will not be eligible to receive a Non-Resident Tuition Waiver.

\*\*\*\*\*

**SIGNATURE:**

*I certify that the foregoing responses are true, complete and correct. I understand that my admission to Idaho State University, Residency and Immigration status are based on the validity of these statements. I agree to abide by and be subject to all rules, regulations, and policies of Idaho State University.*

Name of Applicant \_\_\_\_\_ Social Security Number OR Bengal ID# \_\_\_\_\_  
Please Print Clearly

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

\*\*\*\*\*

**THIS FORM MUST BE RETURNED WITH ALL OTHER APPLICATION MATERIAL TO:**

<b>Graduate School</b>	Telephone: 208-282-2150 / 1-800-374-4781
921 South 8th Avenue, Stop 8075	Fax: 208-282-4847
Museum Bldg #12, Rm 401	E-mail: <a href="mailto:graddean@isu.edu">graddean@isu.edu</a>
Idaho State University	Website: <a href="http://www.isu.edu/graduate">www.isu.edu/graduate</a>
Pocatello, ID 83209-8075	

\*\*\*\*\*

**ISU GRADUATE SCHOOL PROGRAMS OF STUDY LIST**  
**With Major Codes**

	<b>Major Codes</b>	<b>Degrees Offered</b>		<b>Major Codes</b>	<b>Degrees Offered</b>
<b><u>College of Arts and Sciences</u></b>			<b><u>College of Education</u></b>		
Anthropology	2202	M.A., M.S.	Educational Leadership		
Art	1002	M.F.A.	Educational Leadership	0847	Ed.D.
Biological Sciences			Educational Administration	0847	Ed.D.
Biology	0401	M.S., Ph.D.	Higher Education Administration	0847	Ed.D.
(Botany and Zoology Options; Biotechnology Emphasis)			Instructional Technology	0847	Ed.D.
Master of Natural Science	0401	M.N.S.	Educational Administration	0827	Ed.S.
Doctor of Arts	0401	D.A.	(6-year certificate)		
Microbiology	0411	M.S.	Educational Administration	0801	M.Ed.
Clinical Laboratory Science	1245	M.S.	Instructional Design	0882	Ph.D.
Chemistry	1905	B.S./M.S., M.S.	Instructional Technology	0881	M.Ed.
<i>(Please contact department before applying)</i>			Educational Foundations		
Master of Natural Science	1905	M.N.S.	Elementary Education	0801	M.Ed.
Communication and Rhetorical Studies			Secondary Education	0801	M.Ed.
Organizational Communication	1506	M.A.	K-12 Education/Music Education	0801	M.Ed.
Rhetorical Studies	1506	M.A.	Child and Family Studies Emphasis	0801	M.Ed.
English	1501	M.A., D.A.	Family Studies	0801	M.Ed.
TESOL Certificate	1501	Certificate	Early Childhood Education	0801	M.Ed.
Geosciences	1914	M.S., M.N.S.	Early Childhood Special Educ.	0801	M.Ed.
GeoTechnology Certificate	1922	Certificate	Educational Learning and Development		
Geographic Information Science	1923	M.S.	Special Education	0808	Ed.S.
History			School Psychology	0822	Ed.S.
Historical Resources Management	2205	M.A.	Literacy Emphasis	0801	M.Ed.
Mathematics	1701	M.S., D.A.	Human Exceptionality	0868	M.Ed.
Master of Arts in Mathematics			Special Education Option	0868	M.Ed.
for Secondary Teachers	1701	M.A.M.S.T.	School Psychological Examiner		
Physics	1902	M.S., M.N.S.	Option	0868	M.Ed.
Applied Physics	1902	Ph.D.	Sports Science and Physical Education		
Health Physics Emphasis	1902	M.S.	Athletic Administration	0835	M.P.E.
Political Science	2207	M.A., D.A.			
Public Administration	2102	M.P.A.			
Psychology	2001	M.S.	<b><u>College of Engineering</u></b>		
Clinical Psychology	2003	Ph.D.	Engineering and Applied Science	0940	Ph.D.
Sociology	2208	M.A.	Engineering Option	0940	Ph.D.
Theater and Dance	1007	M.A.	Physics Option	0940	Ph.D.
			Health Physics Option	0940	Ph.D.
			Nuclear Science & Engineering		
			Emphasis	0940	Ph.D.
			Subsurface Science Emphasis	0940	Ph.D.
<b><u>College of Business</u></b>			Civil Engineering	0908	M.S.
Accounting	0599	M.B.A.	Environmental Engineering	0922	M.S.
Computer Information Systems	0599	M.B.A.	Measurement and Control Engineering	0930	M.S.
Finance	0599	M.B.A.	Environmental Science and		
Management	0599	M.B.A.	Management Option	0930	M.S.
Marketing	0599	M.B.A.	Mechanical Engineering	0910	M.S.
Health Care Administration	0599	M.B.A.	Nuclear Science and Engineering	0920	M.S.
Certificate in Business			Environmental Science and		
Administration	0599	Certificate	Management Option	0920	M.S.
			Applied Nuclear Energy		
			Certificate	0920	Certificate

CONTINUED ON NEXT PAGE

**Major Degrees  
Codes Offered**

**Major Degrees  
Codes Offered**

**Kasiska College of Health Professions**

Communication Sciences and Disorders, and Education of the Deaf		
Audiology	1236	Au.D.
Deaf Education	1226	M.S.
Speech-Language Pathology	1237	M.S.
Speech-Language Pathology: Online Pre-Professional (OPP)	1237	M.S.
Counseling		
Counselor Education and Counseling	0851	Ph.D.
Counseling	0826	Ed.S.
Marital, Couple & Family Counseling	0852	M.Coun.
Mental Health Counseling	0853	M.Coun.
School Counseling	0826	M.Coun.
Student Affairs	0826	M.Coun.
Dental Hygiene	1213	M.S.
Health and Nutritional Sciences		
Health Education	0867	M.H.E.
Public Health	1214	M.P.H.
Nursing		
Post Master's Nursing Certificate Administration	1228	Certificate
Nursing Education	1203	M.S.
Family Nurse Practitioner	1203	M.S.
Clinical Nurse Specialist	1203	M.S.
Nursing Leadership	1203	M.S.
Clinical Nurse Leader	1203	M.S.
Nursing (A.D. to M.S.)	1203	M.S.
Occupational Therapy	1208	M.O.T.
Physical Therapy	1212	D.P.T.
Transitional D.P.T.	1212	D.P.T.
Physician Assistant Studies	1287	M.P.A.S.

**College of Pharmacy**

Biomedical and Pharmaceutical Sciences		
Pharmaceutical Sciences	1211	M.S., Ph.D.
Pharmacy Practice and Administrative Sciences <i>(Please contact department before applying)</i>		
Pharmacy Administration	1231	M.S., Ph.D.
<i>(Please contact department before applying)</i>		

**College of Technology**

Human Resource Training and Development		
Training and Development	5075	M.T.D.
Professional-Technical Program		
Management Option	5075	M.T.D.
Training Management Option	5075	M.T.D.

**Interdisciplinary Studies**

Environmental Science and Management	4930	M.S.
General Interdisciplinary	4921	M.A., M.S. M.Ed., M.N.S.

# COMMUNICATION SCIENCES & DISORDERS, AND EDUCATION OF THE DEAF

## Idaho State University CSED Departmental Application for Admission

This CSED departmental application is to be completed in addition to the ISU Graduate School Application.

Please return this application and a copy of your graduate school application to:

ISU, CSED  
921 So. 8<sup>th</sup> Ave. Mail Stop 8116  
Pocatello, ID 83209-8116

### Application For (check one, indicate preference for Boise or Pocatello with a 1 or 2)

Admission to graduate program in **Speech Language Pathology**: Pocatello \_\_\_\_\_ Boise \_\_\_\_\_

Admission to graduate program in **Audiology** \_\_\_\_\_

Admission to graduate program in **Deaf Education** \_\_\_\_\_

### I. Personal Information

Name \_\_\_\_\_ SS# \_\_\_\_\_

Permanent Address/City/State/Zip \_\_\_\_\_

Telephone Numbers Permanent \_\_\_\_\_ Day \_\_\_\_\_ Cell \_\_\_\_\_

State of Residency \_\_\_\_\_ E-mail: \_\_\_\_\_

### II. Academic Information

<u>College(s) Attended</u>	<u>Years</u>	<u>Degree(s)</u>	<u>Major(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____

### III. Prior Training and Experience

- |                                     |                           |  |
|-------------------------------------|---------------------------|--|
| A. <b>Speech-Language Pathology</b> | Practicum hours Completed | Projected hours prior to entering our program, if admitted |
| ASHA * approved Observation hours   | _____                     | _____  |
| ASHA * approved Diagnostic hours    | _____                     | _____  |
| ASHA * approved Therapy hours       | _____                     | _____  |
| TOTAL ASHA APPROVED HOURS           | _____                     | _____  |
| B. <b>Audiology</b>                 | Practicum hours Completed | Projected hours prior to entering our program, if admitted |
| ASHA * approved Observation hours   | _____                     | _____  |
| ASHA * approved Diagnostic hours    | _____                     | _____  |
| ASHA * approved Aural Rehab hours   | _____                     | _____  |
| TOTAL ASHA APPROVED HOURS           | _____                     | _____  |
| C. <b>Deaf Education</b>            | <u>Years</u>              | <u>Place</u>   |
| Years teaching experience           | From/To                   | District/State   |
| Elementary Education                | _____                     | _____  |
| Secondary Education                 | _____                     | _____  |
| Special Education                   | _____                     | _____  |
| Hearing Impaired Setting            | _____                     | _____  |
| Other                               | _____                     | _____  |
- \*work was supervised by an individual certified by the American Speech-Language and hearing Association in the appropriate specialty

### IV. Certification and Endorsements (list)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### V. Other related academic or work experience (describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### VI. Professional Objectives

Please attach a brief essay describing your (a) professional interests and goals, (b) preferred work setting, (c) geographic areas of work interest, and (d) personal interests and hobbies.

Applicant's Name: \_\_\_\_\_  
Undergraduate Institution \_\_\_\_\_

### Foundational Coursework Requirements for AuD Degree

The ISU Audiology program is accredited by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology (<http://professional.asha.org/academic/>) Our program provides the necessary education and clinical experiences necessary for students to be eligible for the ASHA Certificate of Clinical Competence in Audiology. However, certain foundational knowledge and skills are required as prerequisites for entry into the regular sequence AuD program. If your background is in a field other than communication sciences, you may be required to take one or more courses in the following areas to establish this foundational knowledge.

#### Instructions

For each of the knowledge areas below, list the course or courses you have taken. If you are a graduate of Idaho State University, please place a check mark in the box corresponding to the courses that you completed.

To calculate lecture hours, simply count the number of lectures you attended in a Knowledge Area. The number of hours you have in course devoted to a Knowledge Area is a judgment you have to make. Go to your notes or syllabus to estimate the number of hours. For example, in a semester class covering both development of language and phonology that meets twice weekly for 16 weeks, the number of lecture hours would be 32. If the class was evenly divided between phonological and language development, you could enter 16 hours under Clinical Phonology and 16 hours under Language Science and Development. Do not overuse lecture hours. You can use a course in more than one Knowledge Area, but do not exceed the course's total lecture hours.

If additional information is needed by ISU, you will be contacted by a faculty member and asked to provide supporting documents such as course syllabi. Please note that you may be required to take additional courses before or during your graduate program if deficiencies are noted in knowledge areas.

#### General Knowledge (ASHA standard A)

A1. The applicant must have prerequisite skills in oral and written or other forms of communication. Example: Coursework in professional writing, technical writing, professional presentations, etc.

Catalog Number/Course Name/Credits	Lecture hours/ Grade	Brief description from catalog

Applicant's Name: \_\_\_\_\_  
Undergraduate Institution \_\_\_\_\_

A2. The applicant must have prerequisite skills and knowledge of life sciences, physical sciences, behavioral sciences, and mathematics.

1. Life Sciences (any of the science disciplines that studies living things such as biology, zoology, genetics, botany, entomology, ornithology, etc):

Catalog Number / Course Name / Credits	Lecture Hours / Grade	Brief description from catalog

2. Physical Sciences (any of the sciences, such as physics, chemistry, astronomy, and geology, that analyzes the nature and properties of energy and nonliving matter):

Catalog Number / Course Name / Credits	Lecture Hours / Grade	Brief description from catalog

3. Behavioral Sciences (courses such as psychology, sociology, gerontology, counseling, etc. that that explore the activities of and interactions among organisms in the natural world):

Catalog Number / Course Name / Credits	Lecture Hours / Grade	Brief description from catalog

Applicant's Name: \_\_\_\_\_  
 Undergraduate Institution \_\_\_\_\_

--	--	--

4. Mathematics (Descriptive statistics, probability, confidence intervals, and hypothesis testing for one and two parameters. Emphasis on applications to a wide variety of disciplines):

Catalog Number / Course Name / Credits	Lecture Hours / Grade	Brief description from catalog

**Knowledge in Communication Sciences**  
**ASHA standard section B: Foundations of Practice**

**Communication Differences and Disorders:** Survey of speech, hearing, and language disorders, including study of the development of speech. Observations, films and assigned readings serve as illustrations of the various communication problems.

Catalog Number/Course Name/Credits	Lecture hours/ Grade	Brief description from catalog

**Basic Sign Language:** Beginning study of sign vocabulary, phrases and fingerspelling focused on expressive and receptive modes. Based on signing using English syntax. Designed for non-Sign Language Studies majors/minors: does not substitute for American Sign Language (ASL) classes.

Catalog Number/Course Name/Credits	Lecture hours/ Grade	Brief description from catalog

Applicant's Name: \_\_\_\_\_  
Undergraduate Institution \_\_\_\_\_

--	--	--

**Speech and Hearing Science:** Introduction to the anatomy and physiology of speech and hearing mechanisms. Topics include respiratory dynamics, laryngeal functions, articulatory dynamics, hearing mechanism, and the neurophysiology of speech and hearing.

Catalog Number/Course Name/Credits	Lecture hours/ Grade	Brief description from catalog

**Clinical Processes:** Basic treatment and assessment principles, methods, and procedures in speech-language pathology and audiology.

Catalog Number/Course Name/Credits	Lecture hours/ Grade	Brief description from catalog

**Clinical Phonetic and Phonology:** Basic concepts in applied phonetics and phonology, emphasizing applications in communication disorders and differences. Introduction to International Phonetic Alphabet.

Catalog Number/Course Name/Credits	Lecture hours/ Grade	Brief description from catalog

Applicant's Name: \_\_\_\_\_  
 Undergraduate Institution \_\_\_\_\_

--	--	--

**Language Science and Development** Analysis of the development of systems of communication: phonologic, morphologic, syntactic, semantic, pragmatic, and relevant nonverbal and cognitive development in normal children. Review of current theories and research.

Catalog Number/Course Name/Credits	Lecture hours/ Grade	Brief description from catalog

**Hearing Science & Audiometry** Introduction to basic hearing science, sound measurement, audiometry, tympanometry, hearing disorders, public school screening, and methods of aural rehabilitation. Review of role of audiology in human services.

Catalog Number/Course Name/Credits	Lecture hours/ Grade	Brief description from catalog

**Interdisciplinary Evaluation:** Introduction to principles, techniques of interdisciplinary evaluation. Disciplines emphasized: Audiology, Nursing, Physical Therapy, Psychology, Social Work, Special Education, Speech-Language Pathology.

Catalog Number/Course Name/Credits	Lecture hours/ Grade	Brief description from catalog

Applicant's Name: \_\_\_\_\_  
Undergraduate Institution \_\_\_\_\_

--	--	--

**Speech and Hearing Science:** Introduction to the anatomy and physiology of speech and hearing mechanisms. Topics include respiratory dynamics, laryngeal functions, articulatory dynamics, hearing mechanism, and the neurophysiology of speech and hearing.

Catalog Number/Course Name/Credits	Lecture hours/ Grade	Brief description from catalog

**Aural / Audiologic Rehabilitation:** Aural rehabilitation of the hearing impaired. Consideration of amplification, speech reading, auditory training, and other aspects of the process.

Catalog Number/Course Name/Credits	Lecture hours/ Grade	Brief description from catalog



## Recommendation of Applicant

Department of Communication Sciences & Disorders,  
and Education of the Deaf

Idaho State University  
921 S. 8<sup>th</sup> Ave  
Mail Stop 8116  
Pocatello, ID 83209-8116  
208-282-4196

### TO BE COMPLETED BY APPLICANT:

Applicant's Name: \_\_\_\_\_

**Degree Sought:**

MS Speech-Language Pathology Pocatello \_\_\_ Boise \_\_\_ MS Deaf Education \_\_\_ AuD Audiology \_\_\_

I am applying to the Department of Communication Sciences & Disorders, and Education of the Deaf for Fall Semester of 20\_\_\_\_\_, Summer Semester (Deaf Ed only) of 20\_\_\_\_\_.

RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION	
The applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with the Family Educational Rights and Privacy Act of 1974.	
I hereby <i>voluntarily waive and relinquish any right of access</i> to this confidential letter of evaluation.	I <i>retain my rights of access</i> to this confidential letter of evaluation.
Signed _____ Date _____	Signed _____ Date _____

### TO BE COMPLETED BY THE RECOMMENDER:

Please check below the ratings which apply to the applicant in each of the categories listed. If you wish to write a general reference letter, please do so *in addition to completing this form*. Your candid comments are most welcome.

<i>Please rate the applicant using the following scale:</i>					
	No basis for Judgment	Weak	Good (Top 50%)	Excellent (Top 25%)	Superior (Top 10%)
Potential as a scholar					
Potential as a clinician/teacher					
Work habits, organization & motivation					
Ethical standards and integrity					
Interpersonal skills					
Emotional maturity					
Written expression skills					
Oral expression skills					
Overall, I expect the applicant's graduate/doctoral work to be:					

Would you accept this individual to your graduate/doctoral program?

- Yes, without reservations
- Yes
- Yes, with reservations
- No

**RECOMMENDATION:**

- Yes, I highly recommend admission
- Yes
- Yes, with reservations
- No, I do not recommend

Please summarize the applicant's strengths, weaknesses, and promise as a graduate/doctoral student on back of this recommendation form.

Your Name \_\_\_\_\_ Degree \_\_\_\_\_  
 Your Title and Field \_\_\_\_\_ Institution \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 How long have you known the applicant? \_\_\_\_\_ months/years  
 What is/has been your association with the applicant?

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Recommendation of Applicant, cont.**

**Summarize the applicant's strengths, weaknesses, and promise as a graduate/doctoral student:**

---

**Place this completed form in an envelope, seal it and sign across the seal. Thank you**

**Communication Sciences & Disorders, and Education of the Deaf (CSED)  
Idaho State University  
921 S. 8<sup>th</sup> Ave.  
Mail Stop 8116  
Pocatello, ID 83209-8116**