Program Intent Form for Idaho State University - Meridian

Junior Class
Bachelor of Science in Communication Sciences & Disorders
Emphasis in Speech-Language Pathology or Audiology

ISU-Meridian Health Science Center
1311 E Central Drive, Meridian, Idaho 83642
Email: csdmeridian@isu.edu  Phone: (208)373-1908

Program Description
The Bachelor of Science Degree (B.S.) in Communication Sciences & Disorders gives students the foundation they need so they can apply to our graduate school. The Bachelor of Science program is offered at the Idaho State University Meridian Health Science Center as well as on the main campus of ISU in Pocatello. This Intent Form is only for students who wish to apply to the Meridian program. If you wish to attend in Pocatello, please contact Lexie Baker at csd@isu.edu. If you are interested in Audiology, please contact Jeff Brocket at brocjeff@isu.edu.

A Master of Science (M.S.) in Speech-Language Pathology is the entry-level degree for employment as a Speech-Language Pathologist, and a Doctorate of Audiology (Au.D.) is the entry-level degree for employment as an Audiologist. Students successfully completing the undergraduate program will be eligible to apply for graduate study. The ISU CSD graduate programs have a competitive admissions process. Please visit our website at https://www.isu.edu/slp/graduate-program/ for additional information and specific application instructions.

Admission Criteria for the Bachelor of Science (B.S.) Degree Program on the Meridian Campus
The number of seats on the Meridian Campus are limited. Seats are awarded on a competitive basis. Once you have applied and are admitted to the University, your name will be added to a list of applicants to be considered for acceptance into the Bachelor of Science program. You will receive notification from the department of Communication Sciences & Disorders if you have been accepted. To be considered for acceptance into the program, you must have completed 40 semester credit hours prior to fall semester AND have a cumulative GPA of 3.00 or higher. If you do not meet the admission criteria, you may submit a petition by writing a letter to the department explaining your circumstances. Please submit the petition letter with this Intent Form.

Please complete the following:
1. An ISU Application for Undergraduate Admission, pay application fee, and submit all official college transcripts to the ISU Admissions Office. To apply to ISU, please go to https://www.isu.edu/apply/, ‘Undergraduate’ Application Process, Transfer Student, then Fall semester). There is an application fee.
2. Complete the second page of this Intent Form and return to CSD Meridian via email, mail or fax. Address information is located on the application form.
3. Submit unofficial transcripts from all colleges/universities attended to CSD Meridian via email, mail or fax. Address information is located on the application form.

Additional Information
Your ISU Academic Advisor will be Ali Crane. You can reach Ali at cranali@isu.edu or (208)373-1706. You may also schedule an appointment with her at https://alicrane.youcanbook.me/

Financial aid information can be found at https://www.isu.edu/financialaid/.
Information about the SLP and Audiology professions can be found at https://www.asha.org.
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DEADLINE FOR PRIORITY CONSIDERATION IS MARCH 1st

Students will receive notification of acceptance, denial, or waitlist on or before March 10th.
Applications received after March 1st will be considered in May, with notification sent by May 15th.
This application is only for those wanting to attend in Meridian.

PLEASE RETURN THIS PAGE WITH A COPY OF YOUR UNOFFICIAL TRANSCRIPTS to:
ISU-Meridian Health Science Center
ATTN: CSD Meridian
1311 E Central Drive, Meridian, Idaho 83642

Or Email: cdsmeridian@isu.edu or Fax: 208.373.1811

Date: __________________

I wish to apply for the Junior class in Meridian beginning Fall semester ____________ (year)

I. PERSONAL INFORMATION (Please print clearly)

Name: _____________________________________________________ Date of Birth: _______________

Current Address: ________________________________________________________________________

City: _______________________________________ State: _________________ Zip: ________________

E-mail: _____________________________________ Telephone: _________________________________

State of Residency: ______________________________________________

II. ACADEMIC INFORMATION

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Cumulative GPA: ______________

I am interested in: (Please check one)

Speech-Language Pathology Emphasis______ Audiology Emphasis ______

If you are interested in Audiology, please contact Jeff Brockett at jeffbrockett@isu.edu