**SUPPLEMENTAL APPLICATION**

**COMMUNICATION SCIENCES & DISORDERS, POST-BACCALAUREATE CERTIFICATE**

Please complete this form and submit it to the SHS graduate advisor, chsgrad@asu.edu.

Recommended deadlines: **July 1** for Fall semester start; **December 15** for Spring semester start.

Last name: First name: Middle name: \_\_\_\_\_\_

Mailing address (including zip code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone number: \_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date (mo/day/yr): \_\_\_\_\_\_\_ Gender:

Languages other than English that you speak proficiently: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List in chronological order all undergraduate and post baccalaureate schools you attended or are currently attending.**

School name: City and state:

Dates of attendance: Degree and date conferred:

Major: Overall GPA:

School name: City and state:

Dates of attendance: Degree and date conferred:

Major: Overall GPA:

School name: City and state:

Dates of attendance: Degree and date conferred:

Major: Overall GPA:

**Prior Coursework Record:**

**Please indicate the speech and hearing courses you have completed, you are currently taking or you haven’t taken.**

 Course Title Where Taken? Units Grade Complete In Progress Not Taken

Introduction to Phonetics \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ 🞏 🞏 🞏

Anatomy & Physiology Speech \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ 🞏 🞏 🞏

Phys & Physio Bases of Hearing \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ 🞏 🞏 🞏

Brain, Memory & Language \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ 🞏 🞏 🞏

Language Science \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ 🞏 🞏 🞏

Speech Science \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ 🞏 🞏 🞏

Intro to Audiology \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ 🞏 🞏 🞏

Clinical Methods Comm Dis \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ 🞏 🞏 🞏

Dev Language Disorders \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ 🞏 🞏 🞏

Acquired Speech & Lang Dis \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ 🞏 🞏 🞏

Aural Rehabilitation \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ 🞏 🞏 🞏

Speech & Lang Acquisition \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ 🞏 🞏 🞏

**Please indicate the ASHA Foundational courses you have completed, you are currently taking or haven’t taken.**

 Course Title Where Taken? Units Grade Complete In Progress Not Taken

BIO ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ 🞏 🞏 🞏

CHM/PHY \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ 🞏 🞏 🞏

Social Sci. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ 🞏 🞏 🞏

Statistics \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ 🞏 🞏 🞏

**Transcripts**

Submit an OFFICIAL copy of transcripts from each undergraduate or post-baccalaureate programs attended to ASU.

*Current or former ASU students are not required to submit official ASU transcripts.*

**Statement of Intent**

Please submit a brief statement (not to exceed 300 words) as to why you would like to complete the Post-baccalaureate certificate program.

**I wish to begin the certificate program in**: 🞏 Fall 🞏 Spring

Program fees of $125/credit hour will be added to tuition when registering for the certificate courses.

Applicant signature:

Today’s date: