



Arkansas Consortium for the Ph.D. in Communication Sciences and Disorders

Program Application for Admission to the Ph.D. Program

University of Arkansas for Medical Sciences
University of Central Arkansas
University of Arkansas at Little Rock

Failure to accurately represent your information may result in invalidating your application. All information will be checked prior to final admission.

Name: _____ **SSN#:** _____

Other Name(s): _____
(Under which materials might be sent, i.e. maiden name)

Present Address:

_____ Street _____ City _____ State _____ Zip

Permanent Address:

_____ Street _____ City _____ State _____ Zip

Email: _____ **Phone #:** (____) _____

U.S. Citizen? Yes No If no, country of citizenship _____

Do you claim Arkansas residency? Yes No

Name/Location of College(s) Attended:	Dates		Graduation		Major	GPA	
	From	To	Degree	Date		Overall	Major

ASHA Certification Status:

SLP: Planned: Achieved: Not planned:

Aud: Planned: Achieved: Not planned:

Licensure:

SLP: Yes: State: _____ Number: _____

Aud: Yes: State: _____ Number: _____

Special Projects, Publications, Presentations:

(Please attach to this application on a separate sheet.)

Honors and Awards:

(Include Societies and Scholarships)

(Please attach to this application on a separate sheet.)

Indicate in rank order, your top 2 academic and research interests on the doctoral level:

#1

#2

List up to four professors from either campus whose interests most closely parallel your own (optional):

a. _____

b. _____

c. _____

d. _____

ATTACH A STATEMENT OF PURPOSE. Your statement must be no more than 2-3 pages in length and must be typewritten. Please address the following areas:

- a) Describe the reasons you want to pursue a Ph.D. in Communication Disorders, including experiences that have shaped your interest in the field. Comment on any specific areas of interest within the field.
- b) Describe your qualifications for carrying out doctoral level work.
- c) Describe research experience and interests relevant to your degree objective.
- d) Describe work experience relevant to your degree objective.
- e) Describe your immediate and long-term professional goals.
- f) Provide any additional information that you believe is important to your successful completion of the Ph.D. and achievement of your career goals.

From whom are you requesting letters of recommendation? (Admissions Committee members may contact references for additional information).

Name Phone

1. _____ (____) _____

2. _____ (____) _____

3. _____ (____) _____

If you are presently enrolled in coursework or expect to complete additional study prior to entrance to the Ph.D. program, please list your present and proposed course of study on a separate sheet, indicating the university, the name and number of each course, the unit value, and the semester or quarter during which you expect to complete such coursework.

*I certify that the information submitted in this application is true, complete and accurate.
I understand that any misrepresentation will be cause for denial of admission.*

Signature _____ **Date** _____

Please return to:

**Betholyn Gentry, Ph.D., CCC-SLP
Consortium Co-Director
UALR Speech and Hearing Clinic
2801 University Avenue
Little Rock, Arkansas 72204**