



**University of Arkansas for Medical Sciences  
Ph.D. in Communication Sciences and Disorders**

**Program Application for Admission to the Ph.D. Program  
University of Arkansas for Medical Sciences**

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

**Name:** \_\_\_\_\_

**Other Name(s):** \_\_\_\_\_  
(Under which materials might be sent, i.e. former 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 two professors from our program whose interests most closely parallel your own (optional):**

a. \_\_\_\_\_

b. \_\_\_\_\_

**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).**

<b>Name</b>	<b>Phone</b>
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, ASHA Fellow  
Ph.D. Program Director  
University of Arkansas for Medical Sciences  
Audiology and Speech Pathology Department Slot #711  
4301 West Markham Street  
Little Rock, Arkansas 72205**