

**APPLICATION FOR GRADUATE TRAINEESHIP/ASSISTANTSHIP**  
**DEPARTMENT OF SPEECH-LANGUAGE PATHOLOGY**  
**MASTER'S PROGRAM**  
UNIVERSITY OF CENTRAL ARKANSAS  
201 Donaghey Street  
UCA Box 4985  
Conway, AR 72035-0001  
**PLEASE TYPE OR PRINT**

NAME \_\_\_\_\_ SEX  Male  Female

ADDRESS \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip)

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ UCA ID# \_\_\_\_\_

ARE YOU A RESIDENT OF ARKANSAS?  YES  NO

RACIAL/ETHNIC CATEGORY (*Race & Sex used only for statistical and reporting purposes*)

- American Indian or Alaskan Native       Black Non Hispanic  
 Asian or Pacific Islander                       Hispanic  
 White, Non Hispanic                               Non-resident Alien (International Student)

DESCRIBE PREVIOUS WORK EXPERIENCE:

**CHECK THE TRAINEESHIP/ASSISTANTSHIP(S) THAT YOU ARE INTERESTED IN APPLYING FOR:**

- \_\_\_ ARKANSAS CHILDREN'S HOSPITAL ASSISTANTSHIP  
\_\_\_ UNIVERSITY OF CENTRAL ARKANSAS ASSISTANTSHIP

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

University of Central Arkansas, in making decisions regarding employment, student admission, and other functions and operations adheres to a policy of nondiscrimination and complies with the Federal regulations and requirements as set forth in Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973.

**Please return with your admissions application to the  
Department of Speech-Language Pathology.**

