

University of Central Arkansas
Department of Speech Language Pathology
Application Form

Please Print

Name (Last, First, MI): _____

Date of Birth: (month) _____ **(day)** _____ **(no year)**

List any other names used on educational records (i.e., maiden name) _____

Address: _____

Phone: (_____) _____ **preferred e-mail:** _____

Students may begin their Master's program in either the summer term or the fall term. Typically, we try to make sure each start group is somewhat evenly divided to ensure that your graduate experience (both classes & clinic) is the best possible experience. Knowledge of your preference only helps us to plan, and we do not use this information to determine your initial admittance into our program. Additionally, although we make every effort to assign you to your first choice, there are no guarantees.

Refer to the departmental website (<http://uca.edu/slp/programs/masterdegreesp.php>) for more information regarding course sequences for each start date (summer or fall).

Please indicate your start date preference below:

_____ Summer 2012 _____ Fall 2012

_____ I don't have a preference: Summer or Fall 2012

Signature

Be sure to return this form with your application packet.

Questions: Contact Dr. Robert Logan
rlogan@uca.edu
501-450-3176