

# CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Department of Communication Disorders

5151 State University Drive

Los Angeles, CA 90032

(323) 343-4754

Dear Master's Degree Applicant:

Admission to the Master of Arts in Communicative Disorders Program is contingent upon submission of the documents listed below. Please use the following checklist to assure that all required documents have been submitted or requested. Deadline for consideration for the Fall quarter is **February 15<sup>th</sup>**.

- \_\_\_\_\_ **Department Graduate Admissions Application (attached).** Complete all information and sign the application form.
- \_\_\_\_\_ **Transcripts (do not have to be official\*).** Include all transcripts from any institution from which you have attempted credits (including CSULA).
- \_\_\_\_\_ **Recommendation Forms (attached).** Distribute to three (3) persons who can comment on your academic and professional ability to be successful in graduate study (former professors, colleagues, supervisors, etc.). At least one former professor is advised.
- \_\_\_\_\_ **Graduate Record Examination (GRE) Scores.** A photocopy or original copy indicating the results of a recent examination. A minimum combined score of 900 for verbal and quantitative, and a minimum score of 4.5 for analytical writing, is recommended.
- \_\_\_\_\_ **Letter of Intent.** On a separate sheet of paper explain your reasons for pursuing a graduate degree in Communicative Disorders.

\* **PLEASE NOTE:** Although you may submit unofficial transcripts to the department, the University admissions application requires official transcripts.

All of the above should be sent to:

Chair

Department of Communication Disorders

Martin Luther King Hall, Room B119

California State University, Los Angeles

5151 State University Drive

Los Angeles, CA 90032-8170

Your admission maybe delayed if any of the above items is missing or incomplete. Call (323) 343-4754 if you have any questions about your file.

**The Master's Degree Program in Communication Disorders at California State University, Los Angeles (CSULA) is accredited in Speech-Language Pathology by the Council on Academic Accreditation of the American Speech-Language-Hearing Association. CSULA does not discriminate on the basis of race, color, national origin, disability, sex, gender, or sexual orientation in admission or access to any of its programs.**

**CALIFORNIA STATE UNIVERSITY, LOS ANGELES**  
**Department of Communication Disorders**  
**5151 State University Drive**  
**Los Angeles, CA 90032**  
**(323) 343-4754**

**Graduate Admissions Application**  
**Master of Arts Degree in Communicative Disorders**  
**Speech-Language Pathology Option**

*(Please print or type)*

Course Load:  Full-Time\*  Part-Time\*\*

\*no more than 20 hours per week of outside work is recommended if you wish to take a full-time course load.

\*\*a limited number of part-time applicants are accepted each year.

Expected starting date: \_\_\_\_\_ Quarter/Year

Soc. Sec. #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_/\_\_/\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Maiden Name \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ (H) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_ (W)  
 Email Address: \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Legal/Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ACADEMIC HISTORY:** List all colleges and universities attended.

College/University	State	Date Started (Mo/Yr)	Date Compl. (Mo/Yr)	Major Field	Degree	Mo/Yr

Please list all classes in Communication Disorders that you plan to take prior to your expected starting date, including those in progress (do not list classes you have already taken and are on your transcripts):

Course #	Course Title	Institution

**(continue on other side)**

## **OTHER REQUIREMENTS**

In order to be considered for admission to the Master of Arts in Communicative Disorders program, the following additional documents must be submitted. Applications will not be processed until all documents are received.

### **GRADUATE RECORD EXAMINATION (GRE) SCORES**

Official GRE scores must be sent to the department before your application will be processed. If you have already taken the examination, please list your scores below and send a copy of the official scores.

\_\_\_\_\_ Verbal  
\_\_\_\_\_ Quantitative  
\_\_\_\_\_ Analytical

### **LETTERS OF RECOMMENDATION**

Three letters of recommendation are required. Standard forms for these letters are attached to this application.

### **TRANSCRIPTS**

Transcripts from all institutions attended, including CSULA, are required (can be unofficial).

### **APPLICATION TO THE UNIVERSITY**

If not currently enrolled as a graduate student, a separate application to the University, with the application fee and official transcripts, must be submitted during the application period.

### **LETTER OF INTENT**

On a separate piece of paper, explain your reasons for pursuing a Master's degree in the field of Communication Disorders, and tell us why we should accept you into our graduate program.

I declare that the above information, to the best of my knowledge, is complete and accurate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**CALIFORNIA STATE UNIVERSITY, LOS ANGELES  
DEPARTMENT OF COMMUNICATION DISORDERS  
MARTIN LUTHER KING HALL – B119  
5151 STATE UNIVERSITY DRIVE  
LOS ANGELES, CA 90032**

**RECOMMENDATION FORM FOR GRADUATE STUDY**

(Must be received no later than February 15)

**TO THE APPLICANT:** Fill in the first part of the form and then give it to professors or others able to evaluate your qualifications for graduate study.

Under P.L. 93-380, students are entitled to review their records, including recommendations, unless they waive that right. Please mark the appropriate box below, and sign your name.

I waive my right to have access to this recommendation form.

I do not waive my right to have access to this recommendation form.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_  
Last Name First Middle

If applicable, please list courses taken with individual filling out the reference:

Course Number	Course Title	When Taken	Grade

Please describe other personal contact with individual giving reference:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO THE ENDORSER:** The above named individual is applying to the graduate program in Communication Disorders, Speech-Language Pathology Option. We would be grateful for your help in learning more about whether the person will be a successful graduate student.

1. Please estimate how well the applicant's grades reflect his/her academic potential. Draw a vertical line through the horizontal one.

Record <u>over-</u> estimates potential	Record is a good estimate of potential	Record <u>under-</u> estimates potential	<input type="checkbox"/> No basis for judgment
--	---	---	---

If grades **do not** reflect applicant's true potential, please explain briefly:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_

Last Name

First

Middle

If applicable, please list courses taken with individual filling out the reference:

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