

APPLICATION FOR ADMISSION TO JOINT AuD PROGRAM

University of Wisconsin – Madison & Stevens Point

Name: _____ (Last) (First) (MI) (Maiden) DOB: _____

Current Address: _____ (Number and Street) (City) (State) (Zip Code)

Address Valid Until: _____ Telephone No.: _____ Email: _____ (Date)

Permanent Address: _____ (Number and Street) (City) (State) (Zip Code)

Social Security No.: _____ Gender: Male Female U.S. Veteran: Yes No

Citizenship (choose one): U.S. Citizen U.S. Permanent Resident Non-U.S. Citizen Refugee
Country of Citizenship: _____

Race/Ethnicity: Please answer both a. and b.

a. Ethnicity: Are you of Hispanic or Latino origin? Yes No

If yes, choose one or more from the list below:

Cuban Puerto Rican Mexican, Mexican American, or Chicano Other Hispanic or Latino I choose not to respond

b. Race: Choose one or more from the list below:

African American or Black American Indian or Alaska Native (please specify tribal affiliation): _____
 Native Hawaiian or Other Pacific Islander Cambodian Hmong Laotian
 Vietnamese Other Asian White I choose not to respond

Cumulative GPA: _____ (must include all institutions attended) Last 60 credit GPA: _____

GRE's: Verbal Score: _____ Percentile: _____ Quantitative Score: _____ Percentile: _____ Writing Assessment Score: _____ Percentile: _____
TOEFL Score: _____ Date Take: _____

College/University Attended: _____
Name Major Degree Dates

Letters of Recommendation: _____
Name Title Email Address

Estimated number of supervised clinical hours completed by the end of your undergraduate program:

_____ Observation Hours (audiology or speech/language)
 _____ Audiology Clock Hours
 _____ Speech-Language Clock Hours

Indicate the number of credit hours you have taken in:

_____ Manual Communications/Signing/ASL
 _____ Multicultural Diversity
 _____ Research Methods or Statistics

Are you fluent in a foreign language? Yes No Which? _____

Are you interested in pursuing a school audiology license in the state of Wisconsin? Yes No

Any relevant work/volunteer experience? Yes No

If yes, please describe:

Home Campus Desired: UW-Stevens Point UW-Madison Either University

Are you a Wisconsin resident and/or do you claim legal Wisconsin residence for tuition purposes according to Wisconsin Statutes 36.72(2)? Yes No

I certify that the information in this application is true and complete to the best of my knowledge, and that I understand that inaccurate information may affect my admission, enrollment or financial aid status. (Must be signed and dated.)

Applicant Signature

Date