2016

SUPPLEMENTAL APPLICATION FOR SPEECH-LANGUAGE PATHOLOGY

University of the Pacific
Office of Graduate Studies
3601 Pacific Avenue
Stockton, California  95211
(209) 946-3929
gradschool@pacific.edu
UNIVERSITY OF THE PACIFIC
SUPPLEMENTAL APPLICATION FOR MASTER OF SPEECH-LANGUAGE PATHOLOGY ADMISSION

CSDCAS ID Number (required) __________________________ Are you applying as an international student? □ Yes □ No

This application is for fall semester ____________ (year)

I. PERSONAL INFORMATION

Full Legal Name ____________________________________________________________

List other name(s) that may appear on academic records __________________________

Social Security # _________________________________ Male □ Female □ Date of Birth (Month / Day / Year)

If you are a past or present University of the Pacific student or employee, please indicate your Pacific I.D. #

Pacific Student I.D. # _____________________________ E-Mail Address _____________________________

NOTE: All correspondence will be sent to your mailing address.

Permanent Address ____________________________________________________________

Street Address Apt. #

City State/Country Zip/Postal Code Telephone ________________________________ include area code

Mailing Address (until _____/_____/_____) ____________________________

Street Address Apt. #

City State/Country Zip/Postal Code Telephone (Preferred) ______________________________

(Alternate) ______________________________

Please designate a person to be notified in case of emergency:

Name __________________________ Relationship __________________ Telephone __________________________

If you have previously sought admission to the University of the Pacific, indicate the semester, program, and degree or credential for which you applied __________________________________________________________________________

Please list any other family members who have attended the University of the Pacific (name, relationship, and dates of attendance):

________________________________________________________________________________________

Ethnic Origin: ( ) African-American ( ) Caucasian/White

( ) Asian-American (country of family’s origin) Pacific Islander

( ) Asian (Indian Subcontinent) (country) ( ) Asian (not American)

( ) American-Indian/AK Native (tribal affili.) ( ) Filipino

( ) Hispanic, Latino (country) ( ) Mexican-American, Chicano

( ) Multi-racial (specify) ( ) Choose Not to Answer

( ) Other (specify) __________________________

Permanent residents – applicants that have permanent resident status should send a copy of their alien registration card to the Office of Admissions. Certification of Finances form is not required.
Standardized Tests:
Indicate if you have taken or plan to take any of the following tests, indicate the month and year:

☐ GRE (All Applicants) _____/_____/
☐ TOEFL (International Students Only) _____/_____/

Letters of Recommendation:
Please provide the following information for the three people whom you have asked to write letters of recommendation in support of your application. NOTE: At least one (1) recommendation should be an academic-related recommender.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Duties</th>
<th>Email Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Where/how did you hear about the University of the Pacific? (check all that apply)

☐ Current Student ____________________________ (name)
☐ Alumni
☐ ASHA’s Website
☐ University of the Pacific website
☐ College/Career Counselor
☐ Other (please specify) ________________________

Have you attended (or do you plan to attend) one the department’s information sessions?  □ Yes  □ No
Date: _____/_____/

THINGS TO REMEMBER:
- There is NO FEE to submit your supplemental application
- The only item that should be sent directly to the university is the supplemental application. **DO NOT send transcripts, GRE Scores, letters, etc. to the university.**
- Supplemental applications must be post-marked (or received by email) by the application deadline to be considered “on-time”.

Send your completed supplemental application to the university’s Graduate Studies office:

Email:  gradschool@pacific.edu

OR

Mail:  University of the Pacific
Graduate Studies
3601 Pacific Avenue
Stockton, CA  95211
UNIVERSITY OF THE PACIFIC
MASTERS OF SPEECH-LANGUAGE PATHOLOGY
Certification Courses Worksheet
(ALL applicants are required to fill-out this form)

Name ____________________________ Pacific ID (if known): ____________________________ OR Date of Birth: _______/_______/_______

1. List one applicable course in each area, even if the coursework was completed with an earned grade lower than a “C”. The courses that fulfill each certification requirement are listed under each bold heading in the chart below.

2. If you repeated a course, list every time that the course was taken. If you have not taken (and are not currently scheduled to take) a course in a given area, leave it blank.

3. All courses must be completed with a grade of “C” or higher to meet the requirement. Courses are must be taken on a graded basis; pass/fail courses are not acceptable. They must be taken for a minimum of 3 semester units OR 4 quarter units.

4. Science courses must be taken within the last ten years.

5. Courses listed here cannot ‘double count’ (i.e. one course cannot be listed as fulfilling two requirements); SLP courses DO NOT fulfill the requirements listed below.

   NOTE: These courses ARE NOT required for admission to the program, but must be completed prior to completion of our program.

<table>
<thead>
<tr>
<th>Dept. &amp; No.</th>
<th>Course Title</th>
<th># of Semester Credits</th>
<th># of Quarter Credits</th>
<th>Grade Earned</th>
<th>Date Completed</th>
<th>Date to be Completed</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological Sciences</td>
<td>General Biology OR Human Anatomy &amp; Physiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Sciences</td>
<td>Chemistry OR Physics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Development</td>
<td>Child Development OR Human Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social/Behavioral Sciences</td>
<td>Intro to Psychology OR Intro to Sociology OR Anthropology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mathematics</td>
<td>Statistics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By submitting this application, I certify that the information given in this application is complete and accurate and that I have not received academic units from any institutions other than those listed. Furthermore, I have included all attempted coursework on the worksheet, even if the grade received was below a “C” or the course was retaken and the original grade was replaced. I understand that making false and fraudulent statements within this application could result in denial or revocation of admission, disciplinary action, and invalidation of units or degrees earned. Should there be any change in the substance of the information I have given here, I will immediately notify the Graduate School of the University of the Pacific.

☐ I have read the above paragraph and certify that it is true. (check the box)

Signature of Applicant ____________________________ Date ____________________________

(If you are completing this form electronically, your typed name will serve as your signature.)
UNIVERSITY OF THE PACIFIC  
MASTERS OF SPEECH-LANGUAGE PATHOLOGY  

Coursework Required to Be Eligible for the 15-Month program  
(To be completed by students applying for the 15-month program)

Name ___________________________________________ Pacific ID (if known): ____________________________ OR Date of Birth: __/__/____

- Please refer to our online catalog for course descriptions - [http://bit.ly/PacificCatalog](http://bit.ly/PacificCatalog)
- You MUST complete coursework in each of these areas prior to starting our program to be eligible for the 15-month program. If you have NOT completed coursework in each of these areas, you will be considered for the 24-month program.
- Requirements ARE NOT met with SLP overview/survey courses.
- General education courses listed on the previous page DO NOT fulfill the required SLP courses.

<table>
<thead>
<tr>
<th>Dept. &amp; No.</th>
<th>Course Title</th>
<th># of Semester Credits</th>
<th># of Quarter Credits</th>
<th>Grade Earned</th>
<th>Date Completed</th>
<th>Date to be Completed</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech-Language Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language Disorders I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Articulation &amp; Phonology/ Speech Sound Disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy &amp; Physiology of Speech</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phonetics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech &amp; Hearing Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OBSERVATION HOURS:  
All students applying to the 15-month program must complete 25 observation hours in SLP prior to beginning the program. Upon admission to the program, students will be asked to provide a signed copy of their observation hours (NOTE: for hours to count towards this requirement, hours will need to be signed off/verified by an ASHA certified SLP).

Please list your observation hours below. At this time you **DO NOT** need to send in copies of your signed hours.

<table>
<thead>
<tr>
<th>Date (semester/year)</th>
<th>Location</th>
<th># of Verified Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>