

Dear Student:

Thank you for your inquiry regarding doctoral study in the Department of Speech and Hearing Sciences at the University of Arizona. Enclosed, you will find information about the doctoral program and application materials. Please feel free to contact me if you have any questions about the materials that we have enclosed. You may reach me by telephone at (520) 626-9528 or via e-mail: [bstory@email.arizona.edu](mailto:bstory@email.arizona.edu)

To apply for admission, you must send materials to the Graduate College and to the Department of Speech and Hearing Sciences.

**The Dean of the Graduate College requires the following:**

White copy of “Application for admission to the Graduate College”, full application fee and domicile affidavit, and a stamped, self-addressed Graduate Admissions Postcard (enclosed). Please use the small envelope addressed to University of Arizona Graduate Admissions.

**The admission procedures require that you submit the following information to the Department:**

1. Completed “Application for Admission to Doctoral Study in the Speech and Hearing Sciences Department”;
2. Graduate Record Examination Scores (unofficial copy of scores will be accepted);
3. **Official** transcripts from the institutions that have awarded an academic degree to you;
4. Three (3) letters of recommendation, preferably from faculty who are familiar with your most recent academic work;
5. A sample of your scholarly writing, such as a thesis, report of directed research, term paper, or publication;
6. A statement that summarizes why you wish to pursue doctoral study in the Department and that describes your specific research interests;
7. Yellow copy of the “Application for Admission to the Graduate College”;

8. Stamped, self-addressed Department Postcard, which we will return to you to verify receipt of your application material. Please use the large envelope addressed to Speech and Hearing Sciences Graduate Admissions.

At least one faculty member must agree to serve as your major advisor. The doctoral program emphasizes individual research and study with a specific faculty member, thus it is essential that your research goals be consistent with the interest of that faculty member. Please examine the enclosed list of faculty members and identify the faculty members with whom you would like to work. Include your choices in your prepared application statement.

After we have received your application materials, members of the Doctoral Committee will review your credentials to determine whether or not to proceed with the admission process. This review process usually requires a period of about 3 weeks. I will inform you of the status of your application as soon as it is possible to do so.

If your application for doctoral study is approved, then a decision regarding financial support will follow soon after. At present, the Department provides several types of support, including teaching assistantships, research assistantships, traineeship stipends and scholarships. To receive consideration for these awards, your application materials should be received by **February 1** for the subsequent fall semester or by **October 1** for the subsequent spring semester.

I hope that this information is helpful to you. Please feel free to contact me if you have any questions. I look forward to receiving your application.

Sincerely,

Brad Story, Ph.D.  
Chair, Doctoral Committee  
BS/jam

APPLICATION FOR ADMISSION TO DOCTORAL STUDY  
DEPARTMENT OF SPEECH AND HEARING SCIENCES  
UNIVERSITY OF ARIZONA  
TUCSON, ARIZONA 85721

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
U.S. Citizen ( )  
Non U.S. Citizen ( )

Telephone Number: \_\_\_\_\_ State of Legal Residence: \_\_\_\_\_

Colleges and Universities Attended: \_\_\_\_\_ Degree Program: \_\_\_\_\_

| Institution | Major | Minor | Dates | Speech Science ( ) | Hearing Science ( ) |
|-------------|-------|-------|-------|--------------------|---------------------|
| _____       | _____ | _____ | _____ | _____              | _____               |
| _____       | _____ | _____ | _____ | _____              | _____               |
| _____       | _____ | _____ | _____ | _____              | _____               |
| _____       | _____ | _____ | _____ | _____              | _____               |

ASHA CCC's Planned:  
Speech/Lang Path ( )  
Audiology ( )

ASHA Certification Status: Planned: ( ) Achieved: ( ) Not Planned: ( )  
For: CCC in Speech: ( ) CCC in Audiology: ( )

Adv. \_\_\_\_\_ Skills \_\_\_\_\_ Basic \_\_\_\_\_ Intermed. \_\_\_\_\_  
If you have communication skills in the following areas,  
please identify your level of accomplishment: Sign Language \_\_\_\_\_  
Foreign (Specify) \_\_\_\_\_

Department of Speech and Hearing Sciences administers several scholarships, teaching assistantships, fellowships, and traineeships. Please indicate whether you wish to be considered for one of these by checking the appropriate box.

( ) Please consider me for a scholarship, assistantship, fellowship, or traineeship.

( ) I do not wish to be considered.

There is financial assistance available to some individuals who request special consideration because of minority group status. If you would like to be considered for this funding, please indicate:

Yes ( ) My ethnic status is \_\_\_\_\_.

On a separate page, please provide the following information:

- Your primary goals in pursuing graduate studies. Comment on the value of theory, research interest, applied information, practicum and skills in interpersonal relationships.
  - Courses in progress that does not appear on your transcript.
  - Courses that you plan to take prior to admission here.
  - Summarize your career goals.
  - List the names and positions of the three individuals who will send letters of recommendation on your behalf.
  - If you are not a U.S. Citizen, summarize any plans you have for obtaining citizenship.
  - Academic, Scholarly and professional awards you have received.
- H. A sample of your scholarly writing, such as a thesis, report of directed research, term paper or publication.

I am applying for admission to: ( ) full-time ( ) part-time study for the \_\_\_\_\_ Semester, 20\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

DEPARTMENT OF SPEECH AND HEARING SCIENCES

University of Arizona

Tucson, Arizona

Recommendation Form for Graduate Studies

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

Self address the envelope

**DO NOT** request recommendations from a non-academic person unless you have been away from an academic institution for some time. .

When you have received all back, send them with your application packet.

**Speech & Hearing Sciences - University of Arizona  
RECOMMENDATION FORM**

**TO THE APPLICANT:** Fill in the first part of the form and then give it to professors who are able to evaluate your qualifications for graduate study, with the enclosed self-addressed envelope. **DO NOT** request recommendations from a non-academic person unless you have been away from the academic institution for some time.

Under the Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including recommendations. However, some instructors may assign greater significance to those that will remain confidential. You may waive, or decline, your right to review recommendations. Please mark the appropriate box below and sign your name.

- I waive my right to review this recommendation, and request a candid evaluation with all relevant information provided.
- I do not waive my right to review this recommendation, but request a candid evaluation with all relevant information provided.

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

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

Dear \_\_\_\_\_  
(Evaluator's Name)

I am applying for admission for advanced study in the field of:

- Speech-Language Pathology
- Speech Science
- Audiology
- Hearing Science

+++++

**TO THE EVALUATOR:** Please attach you letter of recommendation to this form. In addition please evaluate the applicant relative to others you have taught, as indicated below.

I expect the applicant's graduate work to be:

|                                      | Degree Level             |                          |
|--------------------------------------|--------------------------|--------------------------|
|                                      | MS                       | Ph.D.                    |
| Outstanding - Highest 5%             | <input type="checkbox"/> | <input type="checkbox"/> |
| Superior - Highest 15%               | <input type="checkbox"/> | <input type="checkbox"/> |
| Satisfactory - Highest 25%           | <input type="checkbox"/> | <input type="checkbox"/> |
| Satisfactory - with some reservation | <input type="checkbox"/> | <input type="checkbox"/> |
| Unsatisfactory                       | <input type="checkbox"/> | <input type="checkbox"/> |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Institution or Affiliation