



Fontbonne University

Learn more. Be more.

6800 Wydown Boulevard
St. Louis, Missouri 63105-3098
(314)862-3456
fax (314)889-1451
www.fontbonne.edu

Application for Graduate Study Communication Disorders and Deaf Education

check box that applies

- Master of Science in Speech-Language Pathology
- Master of Arts in Early Intervention in Deaf Education

Send completed application and \$25 nonrefundable fee (payable to Fontbonne University) to the following address:

Program Director
Fontbonne University
Department of Communication Disorders and Deaf Education
6800 Wydown Blvd.
St. Louis, MO 63105-3098
(314)889-1407

Deadline for Application: February 1 for consideration for entry the following summer or fall semester

To complete the application procedure, you must have the following forwarded to the director designated above:

1. Official transcripts from every college or university attended; if currently attending college, most recently completed semester grades must be included.
2. Three letters of recommendation, one of which is from a supervisor or recent academic advisor
3. Self statement: Please use this as an opportunity to address the personal qualities which will make a good professional in your degree area, your reasons for seeking the degree, and examples of your ability to problem solve and work collaboratively. Enclose your statement with your completed application. Please limit to 300-500 words in length.

Name _____ Maiden Name _____

Local Address _____

City _____ State _____ Zip _____

Phone: Home: _____ Work: _____ Cell: _____

E-mail address _____ Soc.Sec.No. _____

Place of employment _____

School District, if applicable _____

Are you a citizen of the United States? ___ Yes ___ No

If no, are you a permanent resident? ___ Yes ___ No

If no, what is your country of citizenship? _____

If no, what is your country of birth? _____

Have you previously applied or attended Fontbonne University? ___ Yes ___ No

If yes, please indicate date(s) _____

ENROLLMENT INFORMATION

Semester/Term of enrollment : Summer Fall Spring

How did you learn about this Master’s program? _____

Enrollment Status: Full-time student Part-time student

List All Colleges and Universities Attended

<u>College or University</u>	<u>Dates Attended</u>	<u>Degree Received</u>

I wish to request an application for transfer of graduate credit previously earned at another college/university (limited to 6 hours).

INTERNATIONAL APPLICANTS

The United States Immigration and Naturalization Service requires that we collect the following data from our international students:

Gender _____ Marital Status _____ Date of Birth _____ / _____ / _____
(month) (day) (year)

Immigration Status (visa status; i.e., F-1, F-2, H-1b, etc.) _____

International Address _____

English Proficiency (TOEFL scores) _____ GMAT/GRE Scores _____

Fontbonne University does not discriminate on the basis of race, color, religion, age, gender, sexual orientation, national or ethnic origin, or disability in employment or in the administration of its educational policies, admission policies, scholarship and loan programs, athletic and other school-administered programs. Furthermore, Fontbonne University prohibits retaliation against anyone who either opposes unlawful discrimination, assists or participates in an investigation of a complaint of discrimination, or exercises his or her rights under any law that forbids employment discrimination. The Fontbonne University coordinator for Title IX and Section 504 of the Rehabilitation Act of 1973 and the EEO coordinator for other laws and regulations prohibiting discrimination is the Vice President for Finance and Administration, Fontbonne University, 6800 Wydown Boulevard, St. Louis, MO 63105, (314)719-8007. If the allegations of discrimination or retaliation allege involvement of the Vice President for Finance and Administration, then notification of the complaint shall be made to the University President. The University will thoroughly and promptly investigate all complaints and take corrective or disciplinary action when appropriate. Fontbonne University complies with the Family Educational Rights and Privacy Act of 1974, Public Law 93-380 as amended.

Race _____ (optional) Sex _____ (optional) Religion _____ (optional)

Date of Birth _____ / _____ / _____ (optional) Place of Birth _____ (optional)
(month) (day) (year)

I CERTIFY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature

Date