Thank you for your recent application to Fontbonne University's Early Intervention in Deaf Education graduate program.

We need the following documents in order to complete your application:

- Official transcripts from every college or university you have attended in sealed envelopes.
- Three letters of recommendation; academic references are preferred. Recommendations are mailed directly by the person completing the recommendation. *The form is attached in this email.*
- Self-statement: Please use this as an opportunity to address a) the personal qualities which will
 make you a good professional in Early Intervention in Deaf Education, b) your reasons for
 seeking the degree at Fontbonne, c) examples of your ability to problem solve and work
 collaboratively, and d) where you see yourself five years after completion of the program.
 Please limit to 300-500 words in length.

Please send your self-statement to:

Director of Deaf Education Fontbonne University 6800 Wydown Blvd St. Louis, MO 63105-3098

Please feel free to call if you have any questions or wish to schedule a visit with the director of the graduate program. All information is needed by February 1, 2017 in order to be considered for the program that will begin in June of 2017.

Best wishes in your graduate search!

Kathleen Matheny, Office Manager Communication Disorders/Deaf Education Fontbonne University

Phone: 314-719-3636

Recommendation Form Fontbonne University

Early Intervention in Deaf Education Graduate Program Department of Communication Disorders and Deaf Education

This section to be completed by applicant:

Name of applicant:			
(Last)		(First)	(Middle)
List of courses complete	ed taught by the perso	n giving this recommend	ation (if applicable):
Course Number	Course Title	When Taken	Grade
Please list any other pro	fessional or personal	contacts with the person	giving this reference:
This section to be comp Please complete this for Fontbonne University, 6	m and return it to: Pro	ogram Director, Early Inte	ervention in Deaf Educa
the following: intellect capacity ability to	ease comment on the tual ability of for analytical thinking work independently of organize and express	& with others	 graduate student base motivation integrity ability to accept responsibility accomplishments
I would recom	ost applicable to this a gly recommend the ap nmend the applicant nmend with reservatio	plicant	
 Signature		Title	Date

^{**}Note: This recommendation form will be employed only in evaluating the applicant for admission into the Graduate Program of Communication Disorders and Deaf Education at Fontbonne University. No other use will be made of this document without the written release of the person recommending the applicant.