

**APPLICATION FOR GRADUATE STUDY  
MIAMI UNIVERSITY  
DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY  
2 Bachelor Hall  
Oxford, Ohio 45056**

**SECTION 1 - Identifying Information**

I am applying for Graduate Study in Speech Pathology. (Please Print/Type the following:)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Sex: \_\_\_\_\_

E-mail: \_\_\_\_\_

Present Address:

Present Phone Number(s):

Permanent Address:

Permanent Phone Number(s):

State of Permanent Residency:

I wish to be considered for a Graduate Assistantship (Circle one):	YES	NO
I am interested in doing research:	YES	NO
I have research experience:	YES	NO

**SECTION II - Academic and Clinical Credentials**

GRE:

Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Total Score: \_\_\_\_\_

Analytical Writing \_\_\_\_\_

Number of documented clinical observation hours you estimate you will have completed upon graduation:

\_\_\_\_\_

Number of documented clinic contact hours you estimate you will have completed upon graduation:

\_\_\_\_\_

### **SECTION III - Statement of Career Objective**

In one to two pages (typed) write your career objectives. For example, what are some important developments in the field that may influence your career in the next 5 years? Or, you may want to write about future research that you may want to engage in, or to discuss clinical populations that you find interesting.

### **SECTION IV - Recommendations**

A recommendation form is included in this packet. It should be filled out completely. Letters may be attached to the form to supply additional comments but they must be typed on official letterhead. The recommendations may be enclosed with the rest of your application in a sealed envelope and signed across the flap by the individual who wrote the recommendation. You may also have the letters mailed directly to us.

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Do Not Write Below This Line - For Office Use Only

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Date Application Sent \_\_\_\_\_

Date Application Received \_\_\_\_\_

Miami University  
Department of Speech-Language Pathology & Audiology

Recommendation for Admission for the Graduate Program  
2 Bachelor Hall, Oxford, OH 45056      spa@muohio.edu

**To the Applicant:** Please complete the top section of this form.

Full Name: \_\_\_\_\_  
Last
First
Middle

Present Address: \_\_\_\_\_  
Number & Street
City
State
Zip Code
Country

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review these recommendations or to decline to do so. Please mark the appropriate line below and sign your name.

\_\_\_\_\_ I waive my right to review this recommendation.  
 \_\_\_\_\_ I do not waive my right to review this recommendation.

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

**To the person providing the Recommendation:** By January 5<sup>th</sup>, please complete sections A, B, and C of this two-page form and send to:      Laura J. Kelly

Director of Graduate Studies  
Department of Speech Pathology & Audiology  
Miami University  
2 Bachelor Hall  
Oxford, OH 45056

A.1. I have known the applicant for \_\_\_\_\_ years in my capacity as \_\_\_\_\_.

2. Please rate the applicant on each characteristic in comparison with other students at the same level by circling the appropriate number.

B.	No Basis for Judgment	Weak	Below Average	Average	Above Average	Exceptional
Motivation for graduate work	0	1	2	3	4	5
Intellectual ability	0	1	2	3	4	5
Breadth of general knowledge	0	1	2	3	4	5
Understanding of major field	0	1	2	3	4	5
Clinical ability	0	1	2	3	4	5
Ability to analyze ideas	0	1	2	3	4	5
Ethical standards & integrity	0	1	2	3	4	5
Oral English expression skills	0	1	2	3	4	5
Potential success as a teaching/research assistant	0	1	2	3	4	5
Promise in research, scholarship & creative endeavors	0	1	2	3	4	5
Dependability	0	1	2	3	4	5
Interpersonal skills	0	1	2	3	4	5
Practical judgment	0	1	2	3	4	5
I expect the applicant's graduate work to be:	0	1	2	3	4	5
Ability to problem solve	0	1	2	3	4	5
Ability to make independent decisions	0	1	2	3	4	5

C. 1. Please estimate how well the applicant's grades reflect his/her academic potential.  
Check the appropriate line below.

Grades over-estimate potential

Grades are a good estimate

Grades under-estimate potential

2. Please indicate the strength of your overall recommendation.

Not recommended

Recommended with reservation

Recommend

Highly Recommend

3. Would you accept this student into your graduate program?

Yes, with no reservations

Yes, with reservations

No

Name of person completing this form: \_\_\_\_\_ Title: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please feel free to attach any additional comments using your official letterhead or write comments below

Additional Comments