



GALLAUDET
UNIVERSITY

**UNDERGRADUATE
APPLICATION**

International/Permanent Resident

Application Checklist

Please note that application received without one of the following items below will not be processed until this office receives all of your application items.

- 1. Complete and sign your portion of the international application.
- 2. Mail the non-refundable \$50 application fee directly to us. Use the Application Payment form. *(page 5)*
- 3. Two Application Essays. *(page 5)*
- 4. High School Transcript (secondary school transcript and/or upper secondary school transcript) or University Transcript(s) for Transfer Applicant only.
NOTE: Transcript(s) must be translated by a certified translator. Without the translated transcript(s), the applicant will not be allowed to enroll and register for courses.
- 5. Provide evidence of financial support with financial support documents *(see pages 6-9)*. If you are a permanent resident (green card holder), you do not need to fill out the Certificate of Finances and Sponsor's Affidavit forms. Instead, make a photocopy of your permanent resident card (both sides) and send it or fax to the Office of Admissions at (202) 651-5744.
- 6. Two Letters of Recommendation. *(pages 10-11)*
- 7. High School/Secondary Education Record. *(page 12)*
- 8. Standardized Test Report - choose one of the following tests:
 - ACT
Institutional Code: 0662
www.act.org
or
 - SAT
Institutional Code: 5240
www.sat.org or www.collegeboard.com*(TOEFL is not accepted for undergraduate admissions)*

For students who do not live near an ACT or SAT testing center:
Ask your school administrator to verify that there are no testing centers nearby. If there are none, you will need to contact the Office of Undergraduate Admissions at international@gallaudet.edu for an alternative testing method.
- 9. Audiogram (must be completed by a physician or an audiologist). *(page 13)*

Please make a photocopy of your application form, documents, and essays for your records.

Transfer Students

You must send your official transcript(s) along with a copy of the college catalog(s). Your transcripts will be reviewed, and you will be notified if any tests are necessary. If you do not submit your transcript, you will be required to submit SAT or ACT test scores.

English Language Institute (ELI)

If you do not currently have English/ASL skills, you are strongly encouraged to contact the English Language Institute for program information.

The English Language Institute is a pre-college program that offers intensive English language instruction to deaf or hard of hearing international students. Many international students apply to Gallaudet University after successfully completing the ELI program.

(202)651-5815 (tty/voice)
(202)448-6954 (fax)
cips@gallaudet.edu (E-mail)
<http://cips.gallaudet.edu>

Thank you for your interest in applying for undergraduate admission to Gallaudet University. Your application and supporting documents represent who you are and what you have to gain from and contribute to Gallaudet University. We encourage you to make sure that these documents are a complete and fair representation of your qualifications for admission to Gallaudet University.

Students who are admitted to Gallaudet University have the unique opportunity to achieve their personal and professional goals in a barrier-free environment. Our liberal arts curriculum allows you to develop your individual skills while preparing you to be a vital part of the increasingly competitive work force. We hope you will soon join our proud and strong community of excellence.

All international students except those with a permanent resident card will be required to submit a completed Certification of Finances form. Please note that a B-1/B-2 visitor visa does not allow you to attend school as a student. In compliance with U.S. Citizenship and Immigration Services (USCIS) regulations, all international applicants on the F-1 visa (student visa) must provide evidence of sufficient funds available for their studies.

Gallaudet University does not provide funding for international students first year of studies. However, that does not mean there is no assistance out there available to you. We encourage you to contact your local government or public/private agencies to request assistance.

The deadline for international applications is June 30 for fall admission and November 30 for spring admission. If you do not provide evidence of sufficient funds by these deadlines, your enrollment will be deferred in the future semester.

Although permanent residents need to fill out an international application, they pay the U.S. tuition rate. All other international students pay the international tuition rate.

We welcome your application for undergraduate admission and are available to assist you throughout the process.

(202) 250-2474 (videophone)
(202) 651-5114 (tty)
(202) 651-5750 (voice)
(202) 651-5744 (fax)
international@gallaudet.edu (E-mail)
Our office hours:
Monday - Friday, 8:30 a.m. - 4:30 p.m.

Contact Information

Academic Advising

(202) 250-2637 (videophone)
academic.advising@gallaudet.edu

Admissions - Undergraduate

(202) 250-2474 (videophone)
(800) 995-0550 (tty/voice)
(202) 651-5114 (tty)
(202) 651-5750 (voice)
(202) 651-5744 (fax)
admissions.office@gallaudet.edu

Athletics Department

(202) 651-5603 (tty/voice)
(202) 651-5274 (fax)
athletics@gallaudet.edu

Financial Aid Office

(202) 618-6844 (videophone)
(800) 995-0990 (tty/voice)
(202) 651-5290 (tty/voice)
(202) 651-5740 (fax)
financial.aid@gallaudet.edu

Honors Program

(202) 250-2283 (videophone)
(202) 651-5550 (tty/voice)
(202) 651-5896 (fax)
honors.program@gallaudet.edu

Orientation Programs

(202) 250-2139 (videophone)
(202) 651-5064 (voice)
(202) 651-5572 (fax)
orientation.programs@gallaudet.edu

Registrar's Office

(202) 250-2446 (videophone)
(202) 651-5393 (tty/voice)
(202) 651-5182 (fax)
registrar.office@gallaudet.edu

Residence Life and Housing

(202) 250-2894 (videophone)
(202) 651-5255 (tty/voice)
(202) 651-5757 (fax)
residence.life@gallaudet.edu

Student Financial Services

(202) 250-2453 (videophone)
(202) 651-5145 (voice)
(202) 651-5711 (fax)
student.accounts@gallaudet.edu

Student Health Service

(202) 651-5090 (tty/voice)
(202) 651-5743 (fax)
shs@gallaudet.edu

University Operator

(202) 651-5000 (tty/voice)

www.gallaudet.edu

Undergraduate International/Permanent Resident Application

Applying for Year 20 _____ Fall/August Spring/January

You may complete this application online at admissions.gallaudet.edu or complete a downloaded print copy and mail it to Office of Admissions with a \$50 non-refundable check or money order made payable to Gallaudet University.

Personal Information

Choose one:

- Undergraduate International Freshman (no previous college experience/credits)
- Undergraduate International Transfer (prior college experience/credits)
- Undergraduate Freshman/Transfer with permanent resident card (green card)

Choose one:

- Deaf
- Hard of Hearing

For Office Use Only:

PS ID# _____

Application fee paid:

Check Credit Card Money Order

Signature: _____

Date: _____

RE FC FR PH HO

Test: _____ GPA: _____

Pres Prov Dean

NSP OSWD

ARC: _____

JS/SSM _____ SSM _____

Full Legal Name: _____

(Please indicate as printed on your passport or Social Security card.)

last name

first name

middle name

Home Address:

address line 1

address line 2

city

state/province

zip/postal code

country

Phone: _____ tty voice vp

Fax: _____

Mailing Address:

address line 1

address line 2

city

state/province

zip/postal code

country

Phone: _____ tty voice vp

Personal E-mail: _____

Preferred Name: _____

Maiden Name, if any: _____

Social Security #: _____
(if applicable)

Date of Birth: _____ / _____ / _____

Birth State: _____

Birth Country: _____

Gender: Male Female

Marital Status: Single Married Divorced

Application Information

Are you a U.S. citizen? Yes No

If no, are you a permanent resident? Yes No

If yes, what is your permanent resident card number?

A# _____
(Eligible for Scholarships)

If no, please explain and submit verification of permanent residence application status from immigration.

How long have you lived in the United States?

What date did you enter the U.S.?

Are you currently in F-1 or J-1 status and attending college/university?

Yes No

College name: _____

What is your current interest/major? _____

Have you previously applied to Gallaudet?

Yes No

If yes, were you admitted?

Yes No

If yes, did you enroll?

Yes No

Please list other names used: _____

If you are a new signer, would you be interested in attending our New Signers Program?

Yes No

Do you plan to live on campus?

Yes No

Are you a Gallaudet employee?

Yes No

Are you a Gallaudet employee's immediate family member?

Yes No

Have you ever been charged with a felony or been convicted of a misdemeanor resulting in imprisonment?

Yes No

If yes, please explain: _____

Family Information

Father/Legal Guardian

Name: _____
surname/family name/last name given name/first name middle/second name

Address: _____
street

city state/province zip/postal code/country code

country

Telephone: _____ tty voice vp

Fax: _____

E-mail: _____

Attended High School Yes No

High School Graduate Yes No

Attended College Yes No

College Graduate Yes No

Mother/Legal Guardian

Name: _____
surname/family name/last name given name/first name middle/second name

Address: _____
street

city state/province zip/postal code/country code

country

Telephone: _____ tty voice vp

Fax: _____

E-mail: _____

Attended High School Yes No

High School Graduate Yes No

Attended College Yes No

College Graduate Yes No

Financial Aid (Permanent resident only)

Are you interested in applying for financial aid? Yes No

Vocational Rehabilitation Counselor

Do you have a Vocational Rehabilitation Counselor? Yes No

If yes, please complete:

Name: _____

last name

first name

middle name

Organization name: _____

Address: _____

street

city/state/zip

Phone Number: _____ tty voice vp Fax Number: _____

E-mail: _____

Educational Information

High School Educational Background

Do you have a U.S. high school or secondary school diploma/certificate or its equivalent? Yes No

If yes, what is your graduation date? _____/_____/_____

If no, what is your expected date of graduation/completion? _____/_____/_____

If no, please name a certificate that is equivalent to high school or secondary school diploma.

Home study? Yes No

High School/Secondary Program Information

Begin with the most recent school attended. Be sure to send official, sealed high school transcript(s) from ALL high school attended. Copies will not be accepted. When available, send final transcript(s) showing your graduation date, your GPA on a 4.0 scale, the type of diploma you received, the school seal, and Registrar's signature. Without the transcript(s), the applicant will not be allowed to enroll and register for courses.

1. School Name: _____ 2. School Name: _____

Address: _____ Address: _____

street

street

city/state/province/zip/postal code/country code

city/state/province/zip/postal code/country code

Telephone: _____ tty voice vp Telephone: _____ tty voice vp

Fax: _____ Fax: _____

E-mail: _____ E-mail: _____

Date of Attendance: _____ Date of Attendance: _____

From _____ To _____ From _____ To _____
month/year month/year month/year month/year

Year of Graduation _____ Year of Graduation _____

School for the Deaf Yes No

School for the Deaf Yes No

Mainstream program at public school Yes No

Mainstream program at public school Yes No

Other _____ Yes No

Other _____ Yes No

Additional Information

How did you learn about Gallaudet? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Academic Bowl | <input type="checkbox"/> Teacher | <input type="checkbox"/> Alumnus/alumna |
| <input type="checkbox"/> Close Up | <input type="checkbox"/> Vocational Rehabilitation Counselor | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Summer camp | <input type="checkbox"/> School counselor | <input type="checkbox"/> Gallaudet Link |
| <input type="checkbox"/> Sports camp | <input type="checkbox"/> Visiting faculty/staff | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Knowledge for College | <input type="checkbox"/> Family member | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Convention | <input type="checkbox"/> Friend | <input type="checkbox"/> Newspaper/magazine |
| <input type="checkbox"/> Recruiter visit | <input type="checkbox"/> Students at Gallaudet University | <input type="checkbox"/> Recruiter presentation |
| | | <input type="checkbox"/> Other: _____ |

Have you ever visited Gallaudet? Yes No

If yes, through which program(s)?

- | | | |
|--|--|--|
| <input type="checkbox"/> Close Up | <input type="checkbox"/> Sign language classes | <input type="checkbox"/> Homecoming |
| <input type="checkbox"/> Academic Bowl | <input type="checkbox"/> Conference on campus/D.C. | <input type="checkbox"/> Visitors center |
| <input type="checkbox"/> Admissions Office visit | <input type="checkbox"/> Knowledge for College | <input type="checkbox"/> Summer camps |
| <input type="checkbox"/> Open House visit | <input type="checkbox"/> Sports camp | <input type="checkbox"/> Other: _____ |

Gallaudet Entrance Requirements

Standardized Test Information

Indicate which of the standardized tests you have taken and have your official results sent to Gallaudet as soon as possible. Our institutional code number for the ACT is 0662 and the code for the SAT is 5240.

- | | |
|-------------------------|--|
| ACT | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SAT | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Advanced Placement Test | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Postsecondary Education Information (To be completed by transfer students only)

Begin with most recent college/university attended. List all community colleges, colleges, and universities attended after high school. Applicants must submit an official college transcript from every school attended. Photocopies of transcripts will not be accepted. Allow three weeks mailing time when sending transcripts and catalogs from other universities to Gallaudet.

1. College Name/Department Name: _____

Address: _____
street

_____ city/state/zip

Telephone: _____ tty voice vp Fax: _____

Dates Attended: From _____ To _____
month/year month/year

2. College Name/Department Name: _____

Address: _____
street

_____ city/state/zip

Telephone: _____ tty voice vp Fax: _____

Dates Attended: From _____ To _____
month/year month/year

Send transcript(s) to: Office of Undergraduate Admissions
Gallaudet University
800 Florida Avenue, NE
Washington, DC 20002

Recommendations

(Recommendations must be from a professional individual. At least two are required. Forms are on pages 10-11.)

1. Name _____
last name first name middle name

Superintendent/Principal Teacher/Professor School Counselor Community Leader Employer

Telephone: _____ tty voice vp Fax: _____

E-mail: _____

2. Name _____
last name first name middle name

Superintendent/Principal Teacher/Professor School Counselor Community Leader Employer

Telephone: _____ tty voice vp Fax: _____

E-mail: _____

Essay Questions

Instructions: There are limitations to what grades, test scores, and recommendations can tell us about any applicant. Your answers to the following questions will help us learn more about you so we can fairly evaluate your academic commitment and readiness for college. We hope in writing these essays you will reflect on your attitudes, values and perception. On additional paper, answer both questions below, using at least 250 words for each essay.

Essay Question One: Explain in detail your involvement the past three years in all community, employment, academic, or extracurricular activities.

Essay Question Two: Your academic interests, personal perspectives and life experiences will add much to Gallaudet's diverse community. Describe a personal experience that shows what you will bring to Gallaudet's diverse community.

Applicant Certification

I understand that falsifying or withholding information in completing the application may result in the cancellation of my admission to the University and/or registration with the University. I certify that the information provided in this application is true and correct.

Applicant Signature _____ Date _____

Application Payment

The required nonrefundable \$50 application fee is a requirement and will not be waived. Applications arriving without the application fee will be considered inactive and will not be processed.

Check #/Money Order _____ Name of Payee _____

Credit Card # _____ VISA MC Expiration Date _____

Name on Account (please print) _____

\$ _____ Date _____

Card Owner Signature _____

Estimated Additional Costs. You should plan to have at least \$2,000 for personal expenses each academic year. If you plan to stay at Gallaudet University through the winter and summer vacation periods, you will need to pay an additional \$3,000. If your family will stay with you while you are a student, plan an additional \$5,000 for your spouse and \$3,000 for each child.

Student’s Sources of Funds/Required Documents

Please mark your source(s) of funding for the duration of your program at Gallaudet University. You **MUST** submit documents for each source of funds that you mark. Documents must be in English and bear a signature, official seal or be on a letterhead from an official agency. These documents must be less than 6 months old when presented to Gallaudet University.

Sources	Required Documents
<input type="checkbox"/> Student Funds	1. Bank statement for checking, savings and/or other accessible account 2. Certificates of deposit;; mutual, stock or bond fund
<input type="checkbox"/> Support Available From Family/Friends	1. Complete the Sponsor Affidavit in this application 2. Bank statement for checking and /or savings 3. Certificates of deposits, mutual, stock or bond funds
<input type="checkbox"/> Support Available From Sponsors	1. Complete the Sponsors Affidavit in this application 2. Official letter from sponsor’s employer showing annual earnings.
<input type="checkbox"/> Your Government/ Embassy	Official Letter
<input type="checkbox"/> Charitable Organizations	Official Letter
<input type="checkbox"/> OSAP/Canada Students Loan/VR/Others	Pending after acceptance (Canadian Students Only)
<input type="checkbox"/> No other support is available	Pending after acceptance

Applicant Certification

I hereby certify that the total amount of money that I have available for my first academic year at Gallaudet University is US\$_____. Further, I certify that the information I am providing is correct and complete, and that I will notify Gallaudet University of any changes in my financial circumstances. I understand that if I am a tourist without a student visa and/or Form I-20/DS-2019, I cannot register as a student at Gallaudet University. I further understand if I have no support available, my I-20/DS-2019 Certificate of Eligibility will not be released to me.

Signature

Date

Note: This information is provided as a guide only and is not considered a contract or binding on the University. The University reserves the right to change tuition costs, fees, and other charges at any time.

Guide to Sponsor's Affidavit of Annual Cash Support

What does affidavit mean?

By completing this affidavit, you, as a sponsor, are sworn to the United States government that you will support with a specific amount of money from your own financial resources for each year of the student's studies and residence at Gallaudet University in the United States of America. Please note that you also must attach a document with proof to show that you are sworn to support that student every year.

By signing the affidavit, you are making a financial commitment to the student that you must not break. If sponsors do not provide money support as sworn, the student will be forced to leave college. Do not expect that the student will be able to help support the costs through employment. Employment is strictly controlled by the Immigration Service and very limited.

How to complete the enclosed Sponsor's Affidavit of Annual Cash Support Form:

- Fill out the affidavit form in ENGLISH!
- Promise to give only as much money as you can afford. *The most common reason we reject affidavits is we do not believe a sponsor can pay the amount of money as promised.*
- Attach proof of financial capability document(s) as explained below.
- Sign the affidavit in front of your country's notary public or appropriate official.

Proof of Financial Capability Documents:

You must prove that you are financially capable to support EACH YEAR of your student's studies by attaching a proof of income document and a bank statement. (If one of these documents is not attached, your support will not be considered).

- Proof of Income Document.** This must be on your employer's business stationery, on income tax returns or receipts, or estimates by a bank with a private account if you are self-employed. The income of your company will not be accepted as proof of income. You must provide an official statement of the salary paid to you or it must be on your tax returns.
- Bank Statement** must be in your name and your statement must state the following information: date when your account was opened, current balance in U.S. dollars or its equivalent, average deposits and average balances. We cannot accept statements that do not specify balances unless it is stated to be a minimum of USD 100,000. If another person's name appears on your bank statement, that person must complete a separate affidavit or submit a notarized statement permitting those funds to be considered as financial support for the student.

Documents must be:

- Current (less than two months old)
- In English
- Notarized

Sponsor's Affidavit of Annual Cash Support

This is my sworn promise of cash support

I, _____, promise that I can and will give no less
my name

than U.S.\$ _____ in cash **for every year** of the student's program of study at
Gallaudet University to: _____
Full Name of Student

My relationship to the student is _____
Father, Mother, Spouse, Brother, Sister, Friend

My address: _____

Phone: _____ Fax: _____

Email: _____

The following persons are fully or partially dependent upon me for their support. *(Do not include the student named above)*

<small>Name</small>	<small>Relationship to me</small>	<small>Age</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of My Employer: _____

Annual Salary: _____ (USD) Other Income: _____ (USD)

My proof of income document and bank statement are attached: Yes No

I swear that information I have provided above is true and correct.

Signature of Sponsor

Sworn and subscribed before me this day: _____

Signature of Notary

Confidential Recommendation

TO THE APPLICANT: Please print this form, and complete your section, using blue or black ink. Then give this form to a recommender in a position to comment on your academic performance, such as a teacher/professor for English, math, history, science, etc. (excluding coaches, interpreters, and other non-academic personnel). If you have been out of school for a while, you may ask for a recommendations from current or past employers.

Applicant's name: _____

Name of school: _____ Country: _____

Birth date: ____/____/____ Applying for term: Fall/August 20____ Spring/January 20____
month day year

I authorize the recommender named below, _____, to release the recommendation form, letter, and other information to Gallaudet University.
Name of Recommender

Applicant's signature: _____ Date: _____

TO THE RECOMMENDER: Using the chart below, please rate the nature and quality of the applicant's academic work, including the applicant's motivation, originality, intellectual breadth or depth, and capacity for independent thought. On a **separate sheet**, please also provide a narrative letter detailing any impressions you have about the applicant as a person. Include any anecdotes you may have that illustrate the applicant's character, goals, values, maturity, leadership potential and ability to do college work. Rate this student as realistically as you can in comparison with your other college-bound students.

Recommender's name: _____

Title/Position: _____

Telephone: _____ tty voice vp

E-mail: _____

Recommender's signature: _____ Date: _____

Please mail or fax completed form to:

Office of Undergraduate Admissions
 Gallaudet University
 800 Florida Avenue, NE
 Washington, DC 20002
 (202) 651-5744 (fax)

Thank you for your response and assistance. If you have any questions concerning the application process, contact us at:
 (202) 250-2474 (videophone)
 (202) 651-5750 (tty/voice)
 admissions.office@gallaudet.edu

Academic Rating	Below Average	Average	Good	Excellent-Top 10%	Outstanding-Top 2 or 3%
Ability					
Motivation					
Creative Qualities					
Self-Discipline					
Achievement					
Ability to Succeed					

Character and Personality Rating	Below Average	Average	Good	Excellent-Top 10%	Outstanding-Top 2 or 3%
Leadership Potential					
Self-confidence					
Cocurricular Participation					
Attitude about School					
Maturity					
Initiative					
Reaction to Setbacks					
Interpersonal Skills with Peers					

Confidential Recommendation

TO THE APPLICANT: Please print this form, and complete your section, using blue or black ink. Then give this form to a recommender in a position to comment on your academic performance, such as a teacher/professor for English, math, history, science, etc. (excluding coaches, interpreters, and other non-academic personnel). If you have been out of school for a while, you may ask for a recommendations from current or past employers.

Applicant's name: _____

Name of school: _____ Country: _____

Birth date: ____/____/____ Applying for term: Fall/August 20____ Spring/January 20____
month day year

I authorize the recommender named below, _____, to release the recommendation form, letter, and other information to Gallaudet University.
Name of Recommender

Applicant's signature: _____ Date: _____

TO THE RECOMMENDER: Using the chart below, please rate the nature and quality of the applicant's academic work, including the applicant's motivation, originality, intellectual breadth or depth, and capacity for independent thought. On a **separate sheet**, please also provide a narrative letter detailing any impressions you have about the applicant as a person. Include any anecdotes you may have that illustrate the applicant's character, goals, values, maturity, leadership potential and ability to do college work. Rate this student as realistically as you can in comparison with your other college-bound students.

Recommender's name: _____

Title/Position: _____

Telephone: _____ tty voice vp

E-mail: _____

Recommender's signature: _____ Date: _____

Please mail or fax completed form to:

Office of Undergraduate Admissions
 Gallaudet University
 800 Florida Avenue, NE
 Washington, DC 20002
 (202) 651-5744 (fax)

Thank you for your response and assistance. If you have any questions concerning the application process, contact us at:

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 admissions.office@gallaudet.edu

Academic Rating	Below Average	Average	Good	Excellent-Top 10%	Outstanding-Top 2 or 3%
Ability					
Motivation					
Creative Qualities					
Self-Discipline					
Achievement					
Ability to Succeed					

Character and Personality Rating	Below Average	Average	Good	Excellent-Top 10%	Outstanding-Top 2 or 3%
Leadership Potential					
Self-confidence					
Cocurricular Participation					
Attitude about School					
Maturity					
Initiative					
Reaction to Setbacks					
Interpersonal Skills with Peers					

High School/Secondary Education Record

TO THE APPLICANT: Please print this form and complete your section, using blue or black ink. Then give this form to a high school official.

Applicant's name: _____

Birth date: _____ / _____ / _____ Telephone: _____ tty voice vp
month day year

E-mail: _____

TO THE SCHOOL OFFICIAL: Please mail this form to Office of Admissions, Gallaudet University, 800 Florida Avenue, NE, Washington, DC 20002 or fax to (202) 651-5744.

School's name: _____

Address: _____
street

_____ city state/province zip/postal code/country code

_____ country

Telephone: _____ tty voice vp Fax: _____

E-mail: _____

All the information below is required for every applicant.

Please return this completed form as soon as possible.

A. High School Transcript

Please attach a copy of the applicant's high school transcript.

B. Academic Achievement Record(s)

- The following standardized test scores may be sent:
 ACT
 SAT
 Advanced Placement Test
- If achievement test scores are not available or if you question their appropriateness, we would be happy to suggest suitable testing.
- This applicant's file will be considered incomplete if appropriate test results are not made available to the Admissions Office.

C. Student

Graduated Will graduate _____

D. Outstanding, Activities, Honor, or Awards

E. Mainstream Program

Number of years student was mainstreamed _____

F. How many deaf and hard-of-hearing students are at your school? _____

Educational access/support service(s) student received: (check all that apply)

Interpreter Notetaker Tutor Resource Room
 Other (explain) _____

Signature of School Official: _____ Date: _____

Audiological Record

TO THE APPLICANT: Check with your doctor, audiologist, school counselor, or vocational rehabilitation counselor to see if a copy of your audiogram is already on file. If they have it, send a copy in the enclosed envelope. This form does not need to be completed. If they do not have one, send this form to your doctor or audiologist.

Applicant's name: _____

Birth date: ____/____/____ Telephone: _____ tty voice vp
month day year

E-mail: _____

TO THE CERTIFIED AUDIOLOGIST: All the information below is required for every applicant. Please return this completed form as soon as possible.

1. Onset of hearing loss: Birth Other _____
Month Year

2. Cause of hearing loss: _____

3. Pure Tone:

Date Administered		Right Ear										
	Year	Frequency	125	250	500	750	1000	2000	3000	4000	6000	8000
		Air										
		Bone										

Indicated Standard Used:		Left Ear										
	ISO-ANSI	Frequency	125	250	500	750	1000	2000	3000	4000	6000	8000
1.		Air										
		Bone										

Signature: _____

Name: _____

Title/Position: _____

Agency/School: _____

_____ street

_____ city state/province zip/postal code/country code

Telephone: _____ tty voice vp

Email: _____

Please mail or fax completed form to:

Office of Admissions
 Gallaudet University
 800 Florida Avenue, NE
 Washington, DC 20002
 (202) 651-5744 (fax)

Thank you for your response and assistance. If you have any questions concerning the application process, contact us at:

(866) 563-8896 (videophone)
 (800) 995-0550 (tty/voice)
 admissions.office@gallaudet.edu