

**GRADUATE SCHOOL**  
 University of Arkansas for  
 Medical Sciences  
 4301 West Markham, Slot 601, Little Rock, AR 72205  
**Application for Admission**

Please print or type all information

**Name:** \_\_\_\_\_  
 Last (Please include full legal name)      First      Middle      Previous Name(s)

**Social Security #** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Birthplace:** \_\_\_\_\_  
 City      State      Country

**U.S. Citizenship:** Yes:  No:  **If no, Country of Citizenship:** \_\_\_\_\_

**Current Address:**  
 \_\_\_\_\_  
 Street      City      State      Zip  
 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 County      Telephone      Email address

**Permanent Address:**  
 \_\_\_\_\_  
 Street      City      State      Zip  
 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 County      Telephone

**Program applying for:** \_\_\_\_\_ **Degree:**  M.S.  M.N.Sc.  Ph.D.

**Semester:**  Fall  Spring  Summer **Year:** \_\_\_\_\_

**Educational Information:** List all colleges and universities attended in chronological order (most recent first)  
 College/University      Location      Dates Attended      Degree Earned

---



---



---



---



---



---



---

**Have you taken:**  GRE  MAT  TOEFL  OTHER (please specify) \_\_\_\_\_  
 (Send test scores directly to the Graduate School from the testing service)

The items concerning race, ethnic origin and sex will be used for reporting purpose only and will not be used in admission decisions.

Sex:  Male  Female

Racial Ethnic Category:  American Indian or Alaskan  
 Black, Non Hispanic  
 Asian or Pacific Islander  
 Hispanic  
 Caucasian, Non-Hispanic

I hereby affirm that all information supplied on these blanks is complete and accurate. It is my understanding that I shall not be considered for admission to the University of Arkansas from Medical Sciences until I have submitted all credentials specified. I further agree to inform the Graduate School of any change in my plans to attend the University of Arkansas for Medical Sciences. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment.

\_\_\_\_\_  
 Signature      Date

The University of Arkansas for Medical Sciences is committed to the policy of providing educational opportunities to all qualified students regardless of their economic or social status, and will not discriminate on the basis of handicap, race, color, sex or creed.

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCESUNIVERSITY OF ARKANSAS FOR MEDICAL  
SCIENCES DEPARTMENT OF AUIDOLOGY AND SPEECH-LANGUAGE PATHOLOGY  
APPLICATION FOR GRADUATE ASSISTANTSHIP

Graduate assistants serve as clinical, teaching or administrative assistants and are expected to be enrolled in a full time course of study (a minimum of 10 hours in the fall and spring semesters; a minimum of 7 hours in the summer). Applicants must have satisfactory academic records and adequate preparation for graduate study in the major field. In addition, some graduate assistantships may require previous practicum experience and/or specific course work.

MAJOR FIELD OF GRADUATE STUDY: (check one)  
Speech Pathology\_\_\_\_\_ Audiology\_\_\_\_\_

YEAR OF ANTICIPATED ENROLLMENT: \_\_\_\_\_

PLEASE PRINT OR TYPE

Name: \_\_\_\_\_

Current complete mailing address: \_\_\_\_\_

Current phone: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Permanent phone: \_\_\_\_\_

Personal information:

A. Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

B. \*Race: \_\_\_\_\_

C. Resident of Arkansas? \_\_\_\_\_

D. Citizen of the United States? \_\_\_\_\_

F. Social Security Number: \_\_\_\_\_

\*This information is optional, but indication of race may assist in identifying candidates who may qualify for any available minority assistantships.

Colleges and universities attended, dates and degrees:

---

---

---

Scholastic honors and extracurricular activities:

---

---

---

Work experience:

---

---

---

Previous graduate assistantship appointments:

---

Cumulative GPA: \_\_\_\_\_ GPA in the major: \_\_\_\_\_

Estimated number of practicum clock hours completed by anticipated start of graduate school: \_\_\_\_\_

Please attach a brief statement of why you wish to be considered for a graduate assistantship.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Return this application to: Financial Aid Committee  
UALR/UAMS Dept. of Aud & Speech Path  
2801 S. University Ave.  
Little Rock, AR 72204  
Revised 1/2003