

CALIFORNIA STATE UNIVERSITY, FULLERTON
Department of Communication Sciences and Disorders
2600 Nutwood Ave, CP 425, Fullerton, CA 92831
(657) 278-3274

This application is for students who plan to apply for a SLPA license when they complete their B.A. in Communication Sciences and Disorders at CSUF. Students must complete the required fieldwork experience for a SLPA license through the COMD 495 Internship Course.

This application and accompanying transcripts must be hand delivered or mailed to the address listed above (**NOT** to the Admissions Office). Documents must be received or post-marked by September 30, 2019 to take COMD 495 in Spring 2020.

Last Name	First Name	M.I.	Maiden Name
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Current Mailing Address	City	State	Zip Code
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CWID: _____ Telephone: (____) _____

Cal State Fullerton Email: _____

ACADEMIC HISTORY: In the following table, list only the colleges and universities where COMD coursework was completed. In order to be considered for admission to the SLPA Program, transcripts from the institutions you listed below, including Cal State Fullerton, must be submitted. Unofficial transcripts are acceptable.

College/University	State	First term (Mo/Yr)	Last term (Mo/Yr)	Major Field	Degree

Acknowledgment: I understand that some students accepted into this program may not complete all of the required clinical practicum hours by the end of Spring 2020. Those students will receive a grade of "Incomplete" in COMD 495 until hours are completed.

Applicant's Signature	Date
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Requirements:

1. A minimum major GPA of 3.0.
2. Expected graduation date of Spring/Summer 2020
3. Identification of a speech-language pathologist with current ASHA CCC and CA license as a speech-language pathologist who will supervise your fieldwork experience.
4. Transcripts submitted to CSU Fullerton Department of Communication Sciences and Disorders
5. Submission of GPA calculator sheet
6. Submission of a current resume that includes the names and contact information for two professional references.
7. Submission of one letter of recommendation form

Please respond to the following prompts and questions.

1. Please describe reasons why you want to become an SLPA (**word limit:200**).

2. Please describe your volunteer and work experiences and long-term career goals (**word limit: 150**).

3. Please briefly describe your strengths and weaknesses (**word limit:150**).

4. What would you do if you were asked to do something that is outside your practice scope? (**word limit:150**)

5. Please provide the name of your potential supervisor and site.
