



**Louisiana Tech University  
College of Liberal Arts  
Department of Speech**

**Applicant Information Form  
For  
Graduate Admissions Committee  
Department of Speech**

**The information you provide on this form will be used by the Graduate Admissions Committee of the Department of Speech to expedite review of your application for admission into the graduate program in speech-language pathology. The information will be confidential and available only to the departmental Admissions Committee.**

**Please PRINT or TYPE**

Legal Last Name \_\_\_\_\_  
Legal First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Preferred First Name \_\_\_\_\_  
Other Name (e.g., Maiden Name) \_\_\_\_\_

Where do you wish to receive mailed notice regarding admission?

\_\_\_\_\_ Present Address                      \_\_\_\_\_ Permanent Address

**Present Address:**

\_\_\_\_\_ **Valid Until** \_\_\_\_\_  
Street Address                      or                      PO Box

\_\_\_\_\_   
City    State    Postal Zip Code

\_\_\_\_\_   
Phone Number    E-Mail Address

**Permanent Address:**

\_\_\_\_\_   
Street Address                      or                      PO Box

\_\_\_\_\_   
City    State    Postal Zip Code

\_\_\_\_\_   
Phone Number    E-Mail Address

State of Legal Residency \_\_\_\_\_ County/Parish \_\_\_\_\_

**Additional Identifying Information**

Gender  Male  Female Date of Birth \_\_\_\_\_

Ethnic Background (Optional)  Caucasian  African American  
 American Indian  Hispanic  Mexican American  
 Other Hispanic  Asian  Asian Indian  
 Asian Pacific Islander  Vietnamese  Puerto Rican  
 Other (Please Identify) \_\_\_\_\_

Marital Status (Optional)  Married  Unmarried  Widowed

Did any of your family members graduate from Louisiana Tech University?  
 Yes  No Relationship to Applicant \_\_\_\_\_

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**Educational Information**

List **all** colleges/universities attending with dates of attendance and degree earned or anticipated.

<b>Name College/University</b>	<b>Degree</b>	<b>Major</b>	<b>Dates Attended</b>
_____			
_____			
_____			
_____			

List any scholastic honors, awards, etc. received while a student.

\_\_\_\_\_  
\_\_\_\_\_

**Work Experience**

List work experiences before, during, or after your undergraduate studies.

Employer	Type Work	Dates Employed
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Graduate Application Information**

List the names of the individuals you have asked to provide recommendations for your application to the graduate program in speech-language pathology at Louisiana Tech University.

Name	Affiliation
_____	_____
_____	_____
_____	_____

**Graduate Record Examination (GRE) Date Taken** \_\_\_\_\_

Provide your scores:

Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Narrative \_\_\_\_\_

**Are you currently enrolled at Louisiana Tech?** \_\_\_\_\_ Yes \_\_\_\_\_ No

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Although background checks and drug testing are not presently required by the Department of Speech, some of the program's external agencies/facilities associated with students' clinical practicum placements require student externs to pass background checks and/or drug screening. Some also require students to have completed Hepatitis B vaccinations and to undergo regular screening for Tuberculosis.

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**I certify that the information provided is true and complete.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date of Signature**

