

Master's Degree Program in Speech & Language Pathology

ON-LINE APPLICATION INSTRUCTIONS

The application for admission must be completely filled out and returned to:

Touro College - Office of Admissions
1602 Avenue J, Room 207
Brooklyn, NY 11230

*Please fill it out carefully, as an incomplete form cannot be processed and will delay consideration of your application. **The application for admission must be accompanied with the following materials:***

- ❖ **An application fee.** The regular application fee for the February 26 deadline is \$50. *Any late application received after February 26th will only be considered with a \$75 application fee once all of the regular applicants have been processed and seats are still available.* The check or money order should be made payable to Touro College. This fee is non-refundable and will not be credited towards tuition.
- ❖ **Official copies of your transcripts** from each undergraduate and graduate institution where you have been a student must be sent directly to the Office of Admissions. This applies even if you do not expect or wish to transfer credit for work done at these institutions. Copies submitted by the applicant are not considered official unless they bear the signature and seal of the issuing institution in the seal of the envelope. An exception to this rule can be made only for recent immigrants.
- ❖ **A copy of your Graduate Record Examination (GRE) scores**, sent directly from the Educational Testing Service (ETS). Touro College's code is 2902, department code 0620.
- ❖ Applicants whose native language is not English are required to take the Test of English as a Foreign Language (TOEFL). Applicants should request that test scores be forwarded directly to the Office of Admissions.
- ❖ If you are a U.S. Permanent Resident, you must enclose a photocopy of your Alien Registration Card with your application.
- ❖ **Any scholarly or professional written work** you have completed (articles, reports, project summaries, etc.) related to your field of intended study.
- ❖ **Three (3) letters of recommendation** are required. The recommendation forms are to be completed by at least two of your college instructors who are Speech-Language Pathologists and have personal knowledge of your scholastic abilities. If you graduated some time ago, and cannot obtain a meaningful appraisal, you may submit a reference from an employer who can evaluate your work from the standpoint of a supervisor. **Don't forget to print out the recommendation form 3 times.**

- ❖ If you wish to apply for a Stafford Loan, you must file a separate Application for Financial Aid available from the Office of Financial Aid. It is advisable to submit this application as soon as possible to permit early processing of the financial aid package. The admission decision is not in any way related to financial considerations.
- ❖ No application will be evaluated until all documents have been received by the Office of Admissions and all other requirements have been met.
- ❖ Upon receipt of the completed application and all supporting transcripts, you may be invited for a personal interview.
- ❖ If you are a foreign student planning to enter the United States or expecting to remain in the country on a student visa, you must complete all arrangements, including financial, before the College will issue an I-20 form.

Please note, this application and all supporting materials become the property of Touro College and cannot be returned.

FINANCIAL INFORMATION

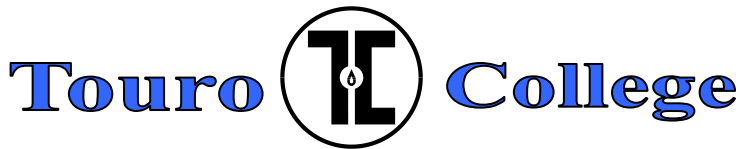
Tuition and Fees 2009-2010

| | |
|-----------------------|-------------------------------------|
| Tuition | \$670 per semester hour |
| Application Fee | \$50 (non-refundable) |
| Registration Fee | \$150 per semester (non-refundable) |
| Late Registration Fee | \$50 per semester |
| Transcript Fee | \$10 |
| Graduation Fee | \$200 |
| Returned Check Fee | \$40 |

For Financial Aid Information, please contact:

Touro College
Office of Financial Aid
1602 Avenue J
Brooklyn, NY 11230
(718) 252-7800, ext. 231

| For Office Use Only | |
|---------------------|-------|
| Received: | _____ |
| \$50 Fee: | _____ |
| Source: | _____ |
| Adm. #: | _____ |



Master's Degree Program in Speech & Language Pathology

Office of Admissions, Room 207 * 1602 Avenue J, Brooklyn, NY 11230
 (718) 252-7800, ext. 299, 320 * Fax: (718) 253-6479 * E-mail: lasadmit@touro.edu

GENERAL INFORMATION

Please type or print in ink and check all that apply.

1. YEAR OF DESIRED ENTRY: FALL _____

2. I AM ENTERING AS A: NEW GRADUATE STUDENT TRANSFER GRADUATE STUDENT VISITOR (NON-MATRICULATED)

PERSONAL INFORMATION

3. SOCIAL SECURITY NUMBER OR SOCIAL INSURANCE NUMBER (OPTIONAL): _____ - _____ - _____

4. MALE FEMALE

5. E-MAIL ADDRESS: _____ @ _____

6. NAME (please use your LEGAL name as found on your birth certificate, marriage certificate or passport): Miss Mr. Mrs.

_____ Last _____ First _____ Middle/Maiden _____ Preferred _____

7. PERMANENT ADDRESS:

Number and Street _____ Apartment # _____ Telephone (____) _____
 City _____ State _____ Zip/Postal Code _____ Cell Phone (____) _____

8. CURRENT ADDRESS (if different from permanent):

Number and Street _____ Apartment # _____ Telephone (____) _____
 City _____ State _____ Zip/Postal Code _____ Cell Phone (____) _____

9. DATE OF BIRTH: ____/____/____
 Month Day Year

10. PLACE OF BIRTH: ____/____/____
 City State Country

11. RACE/ETHNICITY (OPTIONAL):

AMERICAN INDIAN/ALASKAN NATIVE ASIAN OR PACIFIC ISLANDER BLACK (NON-HISPANIC)
 HISPANIC (REGARDLESS OF RACE) WHITE (NON-HISPANIC) OTHER (PLEASE SPECIFY) _____

12. ARE YOU A US CITIZEN? Yes No *If no, please complete the next section.*

INTERNATIONAL STUDENTS COMPLETE THESE ITEMS:

13a. COUNTRY OF CITIZENSHIP: _____ 13b. COUNTRY OF RESIDENCY: _____ 13c. FIRST LANGUAGE: _____

13d. PERMANENT RESIDENT NUMBER OR VISA TYPE: _____ 13e. I AM NOT A PERMANENT RESIDENT

13f. I HAVE BEEN LIVING IN THE UNITED STATES SINCE: ____/____/____
 Month Day Year

ACADEMIC INFORMATION

14. PLEASE INDICATE WHEN YOU TOOK OR WILL TAKE THE GRE TOEFL :

| | |
|---|---|
| <p>_____/_____ Month Year <input type="checkbox"/> took 1st testing <input type="checkbox"/> will take Total Score (Verbal and quantitative combined): _____</p> | <p>_____/_____ Month Year <input type="checkbox"/> took 2nd testing <input type="checkbox"/> will take Total Score (Verbal and quantitative combined): _____</p> |
|---|---|

15. LIST ALL COLLEGES, UNIVERSITIES, TRAINING PROGRAMS (US AND ABROAD), POST HIGH SCHOOL ACADEMIC ATTENDED, OR IN WHICH YOU ARE CURRENTLY ENROLLED (USE A SUPPLEMENTAL SHEET IF MORE SPACE IS NEEDED).

| Name of Institution | From | | To | | Credit Hours Attempted to Date | Cumulative Grade Average to Date | Degrees <small>(Please indicate if received or when expected)</small> |
|---------------------|-------|------|-------|------|--------------------------------|----------------------------------|--|
| | Month | Year | Month | Year | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |

16. USING THE NUMBERING SYSTEM OF THE SCHOOLS LISTED ABOVE, INDICATE WHEN AND WHERE YOU HAVE TAKEN THE PREREQUISITE COURSES LISTED BELOW.

| Prerequisite/School/Equivalent | College/Univ. # | Course Code | Course Title as listed on transcript | Year/ semester Taken | Grade* |
|--------------------------------------|-----------------|-------------|--------------------------------------|----------------------|--------|
| Phonetics | | | | | |
| Normal Speech & Language Development | | | | | |
| Acoustics | | | | | |
| Anatomy & Phys. of Speech | | | | | |
| Audiology | | | | | |
| Communication Disorders | | | | | |
| Speech Path Rehab | | | | | |
| Biology with lab | | | | | |
| Statistics | | | | | |
| Physical Sciences (e.g. physics) | | | | | |
| Intro. To Psychology | | | | | |
| 25 hours of observation | | | | | |
| Other: | | | | | |
| Linguistics | | | | | |
| Aural Rehabilitation | | | | | |
| | | | | | |
| | | | | | |

*Use 'IP' for courses you are currently taking and 'WT' for courses you will be taking next semester.

EMPLOYMENT BACKGROUND

17. LIST, IN CHRONOLOGICAL ORDER, STARTING WITH THE MOST RECENT EXPERIENCE, FULL TIME AND PART TIME JOBS YOU HAVE HELD IN THE LAST FIVE YEARS :

| <i>Field of Work (Teacher, etc.)</i> | <i>Subject taught or Specific Position</i> | <i>School or Firm Name</i> | <i>Address (City & State only)</i> | <i>Dates</i> |
|--------------------------------------|--|----------------------------|--|--------------|
| 1. | | | | <i>to</i> |
| 2. | | | | <i>to</i> |
| 3. | | | | <i>to</i> |
| 4. | | | | <i>to</i> |
| 5. | | | | <i>to</i> |

18. GIVE THE NAMES OF THREE INDIVIDUALS FROM YOUR EMPLOYMENT OR EDUCATION EXPERIENCE WHO WILL BE SUBMITTING A LETTER OF RECOMMENDATION ON YOUR BEHALF:

| | | | |
|------|---------|-------------|----------|
| Name | Address | Telephone # | Position |
| Name | Address | Telephone # | Position |
| Name | Address | Telephone # | Position |

ADDITIONAL INFORMATION

19. LIST ALL SCHOLASTIC HONORS YOU HAVE RECEIVED AFTER HIGH SCHOOL, INCLUDING SCHOLARSHIPS, FELLOWSHIPS, PRIZES AND MEMBERSHIP IN HONOR SOCIETIES:

20. LIST ALL ACTIVITIES - INCLUDING VOLUNTARY - RELATED TO YOUR INTENDED FIELD OF STUDY IN WHICH YOU HAVE PARTICIPATED DURING AND AFTER COLLEGE:

21. HAS YOUR COLLEGE, UNIVERSITY, GRADUATE OR PROFESSIONAL SCHOOL COURSE BEEN INTERRUPTED FOR ONE OR MORE TERMS FOR ANY REASON? EXPLAIN WHY AND INDICATE HOW YOU HAVE SPENT THIS INTERVAL:

22. IF YOU ARE TRANSFERRING FROM ANOTHER COLLEGE OR UNIVERSITY, INDICATE YOUR REASONS FOR LEAVING:

23. HAVE YOU EVER BEEN UNDER ACADEMIC DISCIPLINE, PROBATION OR SUSPENSION, OR BEEN ASKED TO WITHDRAW FROM ANY COLLEGE? IF YES, EXPLAIN:

PERSONAL STATEMENT

As an attachment, provide a statement indicating how your undergraduate experience or prerequisite study formed your interest in the field of Speech-Language Pathology. Please refer to specific academic knowledge that you acquired and clinical encounters that you experienced during your undergraduate/ post-baccalaureate studies that have resulted in your interest in becoming a candidate for a Masters of Science in Speech-Language Pathology.

The statement should be no more than two typed pages using an Arial font, 10-point size, with 1.5 line spacing.

I certify that all items on this application are answered correctly and completely. I understand that incomplete information, the withholding of information or incorrect information may disqualify me from admission to Touro College or may later be the basis for my withdrawal or dismissal. I also understand that the application fee may not be waived nor is it refundable, and that my application and supporting materials become the property of Touro College and cannot be returned.

Applicant's Signature _____

Date _____

Touro College does not discriminate on the basis of race, color, national origin, sex, disability, age, sexual orientation or any other characteristic protected by law in employment, or in its admission, treatment or access to its educational programs or activities.

Touro  College
Master's Degree Program in Speech & Language Pathology

Office of Admissions, Room 207 * 1602 Avenue J, Brooklyn, NY 11230
(718) 252-7800, ext. 299, 320 * Fax: (718) 253-6479 * E-mail: lasadmit@touro.edu

APPLICANT'S LETTER OF REFERENCE

To the Applicant: Three letters of recommendation are required. The recommendation forms are to be completed by at least two of your college instructors who are Speech-Language pathologists and have personal knowledge of your scholastic abilities. If you graduated some time ago, and cannot obtain a meaningful appraisal, you may submit a reference from an employer who can evaluate your work from the standpoint of a supervisor. Provide a stamped envelope addressed as above.

Please note: The evaluator must sign and seal the back of the envelope.

Student Section (Please type or print)

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden / Other Name: _____ Social Security / Social Insurance # (optional) _____ - _____

I hereby waive my right of access to this recommendation.

I do not waive my right of access to this recommendation.

Signature: _____ Date: _____

Respondent's Section (Please print or type)

Last Name: _____ First Name: _____ Title: _____

Signature: _____ Date: _____

Organization: _____ City, State, Zip: _____

To the Evaluator: The person named above has applied for admission to graduate study at Touro College, and has asked you to evaluate his/her ability to do graduate work. If the applicant has not waived the right to review this rating form, you should consider it non-confidential and you may return the form completed.

1. How long have you known the applicant and in what capacity? (Give dates, if possible.)

2. Rate the applicant in each area listed below in comparison with undergraduate seniors or college graduates.

| | Upper 2% | Upper 10% | Upper 25% | Upper 50% | Lower 50% | No Basis to judge |
|-----------------------|----------|-----------|-----------|-----------|-----------|-------------------|
| Intellectual Ability | | | | | | |
| Oral Expression | | | | | | |
| Written Expression | | | | | | |
| Motivation/Initiative | | | | | | |
| Cooperation | | | | | | |
| Emotional Maturity | | | | | | |
| Dependability | | | | | | |
| Creativity | | | | | | |
| Open Mindedness | | | | | | |
| Flexibility | | | | | | |

3. (For teachers of applicant only) I would rank this applicant in the top _____ % of the approximately _____ undergraduate or _____ graduate students I have taught in the past _____ years.

4. Estimate of potential (please circle the appropriate answer):

as a graduate student: Outstanding Good Above Average Average Below Average

as a professional: Outstanding Good Above Average Average Below Average

5. Recommendation concerning admission (check one):

I recommend the applicant with confidence.

I recommend the applicant with reservation. (Please explain in item #6)

I do not recommend the applicant. (Please explain in item #6)

6. Please provide an additional assessment of the applicant's potential for success in graduate school. Include any particular strengths and weaknesses. We appreciate your candid appraisal. You may use your own letterhead or this sheet.

Thank you!