

#### **Application Procedures and Inventory Listing**

## **Speech-Language Pathology** Name: M.S. in Speech-Language Pathology **Post-baccalaureate Foundation Program Application Deadline**: February 1 Fall Semester admission only **Inventory Listing:** Please make certain that all appropriate boxes have been checked on this form and include this inventory listing with the application materials you send to the Office of Graduate Admission. ☐ Signed application form Non-refundable \$50 application fee ☐ Graduate Record Examination (GRE) exam scores sent directly from Educational Testing Services\* Transcripts (official - in sealed envelopes) Number of institutions attended Current resumé or vitae (please forward via email to graduate@loyola.edu) Three Letters of Recommendation in sealed envelopes (Professional/academic references only) Essay responding to question on application form (minimum of 200 words) WES Evaluation and Translation - Required only for college or university studies pursued outside the **United States** ☐ TOEFL Score Report – Required only if English is not your native language or if you have not completed a degree program taught in English. Score cannot be more than two years old.\* International Student Supplemental Forms—required only if you need a student visa \*Loyola's institution code is 5370 Please send all required documents to: Office of Graduate Admission Loyola University Maryland

Timonium, MD 21093 Telephone: 410-617-5020 or 800-221-9107 ext. 5020

Fax: 410-617-2002

2034 Greenspring Drive

**Note:** No action can be taken on your application for admission until all required materials, fees, and transcripts are received.

On-line applications are available at www.loyola.edu/graduate



### **Speech-Language Pathology Application for Admission**

Employer Tuition Reimbursement : Yes \_\_\_\_\_No \_\_\_\_

#### **Program of Study** ☐ M.S. Speech-Language Pathology ☐ Post-baccalaureate Cohort Option **Personal Data** Legal Name: \_\_\_ DR/MR/MRS/MS/OTHER LAST JR/III/ETC. Former Name(s): Preferred Name: Permanent Address:\_\_\_\_\_ NUMBER AND STREET CITY STATE COUNTRY ZIP/POSTAL CODE Mailing address: NUMBER AND STREET CITY STATE COUNTRY ZIP/POSTAL CODE Mobile: \_\_\_\_\_ AREA CODE/NUMBER E-mail address: **Demographic Information** Gender: Male \_\_\_\_ Female \_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship\*\_\_\_\_ MO/DAY/YR Are you a permanent resident of the United States? Yes\_\_\_\_ No \_\_\_\_ Visa Type\_\_\_\_\_ \* IF YOU WERE BORN OUTSIDE THE UNITED STATES, YOU ARE REQUIRED TO PROVIDE PROOF OF CITIZENSHIP (COPIES OF A BIRTH CERTIFICATE OR US PASSPORT) OR A COPY OF YOUR RESIDENT ALIEN CARD. IF YOU REQUIRE A F-1 VISA, YOU ARE REQUIRED TO COMPLETE THE INTERNATIONAL STUDENT SUPPLEMENTAL FORM AS PART OF YOUR APPLICATION FOR ADMISSION. **Employment** Length in Position: CITY STATE COUNTRY ZIP/POSTAL CODE

Percentage or Amount: \_\_\_\_\_

#### **Educational Background**

List ALL colleges/universities attended. You are <u>required</u> to submit official transcripts from each institution.

College/University	Attendance Dates	Degree/Certificate	Completion Date
Student Classification (set	ect one)		
First Time Loyola Graduate	uate Applicant e Student Returning to New Pr		t to Same Program
	er, type a concise essay describ uate program in Speech-Langu		
The followi	ng questions are optional and	are used for statistical purp	oses only.
Are you of Hispanic or Lat	ino Origin?Yes	No	
What is your race? Select	one or more of the following	g categories:	
American I	ndian or Alaska Native	Black or African America	n
	vaiian or Other Pacific Islander		White
Religious Affiliation:			
accurate and true to the best of n and personal information as rela other materials that are required	ve provided on this application for ny knowledge. I have authorized e ted to this admission application t for this admission application. I t in cancellation of admission or re	ach college or university I have upon request by Loyola Univers understand that furnishing false	attended to release academic ity Maryland. I agree to submit
Signature		Date	
ETHNIC ORIGIN, AGE, RELIGION AND ACTIVITIES OR WITH RESP ENSURE COMPLIANCE WITH TO OF THE REHABILITATION ACT OF	ND DOES NOT DISCRIMINATE OF AND DISABILITY IN THE ADMIPECT TO ADMISSION AND EMPLOFILE IX OF THE EDUCATION AME OF 1973, AS AMENDED, IS GEORG 206, 410-617-2354. LOYOLA UNIVE	INISTRATION OF ANY OF ITS E DYMENT. THE DESIGNATED CO ENDMENT(S) OF 1972, AS AMEN BE CASEY, ASSISTANT VICE PR	DUCATIONAL PROGRAMS MPLIANCE OFFICER TO DED, AND WITH SECTION 504 ESIDENT FOR HUMAN

TO ENROLL NON-IMMIGRANT, ALIEN STUDENTS

<sup>\*</sup> All application materials, once submitted, become the property of Loyola University Maryland and cannot be returned.



# **Speech-Language Pathology Recommendation Form**

Applicant's Name:					
TT	LAST	FIRST	MIDDLE	FORMER/OTHER (IF	APPLICABLE)
Address:					
NUN	MBER AND STREET				
CITY		STATE	C	OUNTRY	ZIP/POSTAL CODE
Application Deadline _					
	ion. I further releas	se from liability all p		liability in connection wi formation in good faith c	
Applicant's Signature _		Date			
Maryland. The Admiss  Notice about confidential admission do not have a confidentiality of information professional reference, before his/her matricular Admission Committee ii  When you complete this letterhead on it. Sign you	we is applying for action Committee find itality: Under Public access to their reconnation within the spand any other subjection at Loyola. Your reaching a decisions recommendation our name across the state of the subjection of the subjection of the subjection is recommendation our name across the state of the subjection is subjective.	dmission to the Grads candid evaluation of Law 93-380, the Fords unless and until pirit of the law, the Unicetive supplementary comments are valued in his/her best in form, please place the sealed flap of the	amily Educational at they enroll at Loyo Iniversity will use to y statements sent of the appraisaterest.	peech-Language Pathologing from among highly que Rights and Privacy Act, and University Maryland. This form for the purpose in the applicant's behalf, and of the applicant will good ditional pages in an envel it directly to the Office Timonium, MD 2109	alified candidates.  Applicants for To ensure of admission only. The will be destroyed reatly assist the  lope with your of Graduate
Name:	3.				
Title/Position:					
Company/Position:					
Address:	MBER AND STREET				
CITY		ST	ATE C	OUNTRY	ZIP/POSTAL CODE

Please give your opinion of the applicant on each of the following:

1. Degree of m	astery of fundamental ac	cademic knowledge in the m	najor	
Poor	Fair	Good	Outstanding	☐ No Basis for Judgement
2. Degree of	mastery of fundament	al clinical knowledge in t	the major	
Poor	☐ Fair	Good	Outstanding	No Basis for Judgement
3. Overall intell	lectual ability			
Poor	☐ Fair	Good	Outstanding	No Basis for Judgement
4. Imagination	and originality			
Poor	☐ Fair	Good	Outstanding	No Basis for Judgement
5. Self-reliance	and independence in sci	entific or scholarly work		
Poor	☐ Fair	Good	Outstanding	No Basis for Judgement
6. Motivation a	nd enthusiasm			
☐ Poor	Fair	Good	Outstanding	No Basis for Judgement
8. Potential to	conduct research			
Poor	Fair	Good	Outstanding	☐ No Basis for Judgement
9. Overall rating	g as a prospective master	r's degree candidate		
Poor	Fair	Good	Outstanding	☐ No Basis for Judgement
Please indicate the confidence with which you would or would not recommend the applicant for admission to the Graduate Program in Speech-Language Pathology at Loyola University Maryland.				
Highly F	Recommend Re	ecommend Recom	nmend with reservation	☐ Not Recommended
Please add any additional comments on a separate piece of paper to describe the applicant's qualifications.				
Signature			Date	



# **Graduate Programs Transcript Request**

**To the Applicant: Send this form to each institution you attended.** Many institutions charge a fee for official transcripts. To avoid delays, check each institution's policy in advance.

Name:					
Name:	FIRST	FIRST		MIDDLE	
Mailing Address:	ER AND STREET				
CITY	STATE	COUNTRY	ZIP/POSTAL CODE		
Name of institution attended:				_	
Date of enrollment: From	MONTHAVEAR	O			
Former and/or other name(s) wh	ile attending this institutio	n:			
I hereby authorize the release of	my transcript to Loyola U	niversity Maryland.			
Signature		Date			

To the Registrar: The person submitting this form is applying to the Graduate Programs at Loyola University Maryland. The Office of Graduate Admission at Loyola requests that you attach a copy of the applicant's official academic record to this form and insert the materials into the envelope provided by the student or an envelope used for official correspondence. Seal the envelope and sign across the flap to ensure confidentiality. Thank you for your assistance. Return the sealed envelope to the applicant or mail directly to the Office of Graduate Admission at Loyola University Maryland, 2034 Greenspring Drive, Timonium, MD 21093