



LOYOLA
UNIVERSITY MARYLAND

Application Procedures and Inventory Listing

Speech-Language Pathology

Name: _____

Non- Cohort Post-baccalaureate Per-Course Option

Application Deadlines: Fall Semester – August 1
Spring Semester- December 1

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. Please note that all application materials must be mailed or emailed to the office of Graduate Admission; there is not an online application option for this program.

- Signed application form
- Non-refundable \$50 application fee
- 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, maximum is 1000 words)

Please send all required documents to:

Office of Graduate Admission
Loyola University Maryland
2034 Greenspring Drive
Timonium, MD 21093
Telephone: 410-617-5020 or 800-221-9107 ext. 5020
Fax: 410-617-2002

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

Educational Background

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

College/University	Attendance Dates	Degree/Certificate	Completion Date

Student Classification (*select one*)

First Time Loyola Graduate Applicant
 Re-applicant to Same Program
 Former Loyola Graduate Student Returning to New Program

Personal Essay

On a separate sheet(s) of paper, type a concise essay describing your academic and professional achievements and goals, and how Loyola’s Post baccalaureate coursework in speech-language pathology will help you fulfill your goals (minimum 200 words, maximum 1000 words).

The following questions are optional and are used for statistical purposes only.

Are you of Hispanic or Latino Origin? Yes No

What is your race? Select one or more of the following categories:

American Indian or Alaska Native Black or African American
 Native Hawaiian or Other Pacific Islander Asian White

Religious Affiliation: _____

Certification

I affirm that the information I have provided on this application form and all other admission application materials is complete, accurate and true to the best of my knowledge. I have authorized each college or university I have attended to release academic and personal information as related to this admission application upon request by Loyola University Maryland. I agree to submit other materials that are required for this admission application. I understand that furnishing false information on any part of this admission application may result in cancellation of admission or registration or both.

Signature _____ Date _____

LOYOLA UNIVERSITY MARYLAND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, NATIONAL AND ETHNIC ORIGIN, AGE, RELIGION, AND DISABILITY IN THE ADMINISTRATION OF ANY OF ITS EDUCATIONAL PROGRAMS AND ACTIVITIES OR WITH RESPECT TO ADMISSION AND EMPLOYMENT. THE DESIGNATED COMPLIANCE OFFICER TO ENSURE COMPLIANCE WITH TITLE IX OF THE EDUCATION AMENDMENT(S) OF 1972, AS AMENDED, AND WITH SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED, IS GEORGE CASEY, ASSISTANT VICE PRESIDENT FOR HUMAN RESOURCES, YORK ROAD, RM. 206, 410-617-2354. LOYOLA UNIVERSITY MARYLAND IS AUTHORIZED UNDER FEDERAL LAW TO ENROLL NON-IMMIGRANT, ALIEN STUDENTS

*** All application materials, once submitted, become the property of Loyola University Maryland and cannot be returned.**



Speech-Language Pathology Recommendation Form

To the Applicant: Complete the following items and forward this form to the individual who will provide your reference.

Applicant's Name: _____
LAST FIRST MIDDLE FORMER/OTHER (IF APPLICABLE)

Address: _____
NUMBER AND STREET

CITY STATE COUNTRY ZIP/POSTAL CODE

Application Deadline _____

I hereby release Loyola University Maryland and its agents and employees from liability in connection with investigating and evaluating my application. I further release from liability all parties providing information in good faith concerning my qualifications in connection with my application.

Applicant's Signature _____ Date _____

To the Person Completing this Form

The person named above is applying for admission to the Non-cohort Post baccalaureate program in speech-language pathology at Loyola University Maryland. The Admission Committee finds candid evaluations helpful in choosing from among highly qualified candidates.

Notice about confidentiality: Under Public Law 93-380, the Family Educational Rights and Privacy Act, applicants for admission do not have access to their records unless and until they enroll at Loyola University Maryland. To ensure confidentiality of information within the spirit of the law, the University will use this form for the purpose of admission only. The professional reference, and any other subjective supplementary statements sent on the applicant's behalf, will be destroyed before his/her matriculation at Loyola. Your comments are valuable. The appraisal of the applicant will greatly assist the Admission Committee in reaching a decision in his/her best interest.

When you complete this recommendation form, please place the form and any additional pages in an envelope with your letterhead on it. **Sign your name across the sealed flap** of the envelope and mail it directly to the **Office of Graduate Admission at Loyola University Maryland, 2034 Greenspring Drive, Timonium, MD 21093.**

Name: _____
DR./MR./MRS./MS.

Title/Position: _____

Company/Position: _____

Address: _____
NUMBER AND STREET

CITY STATE COUNTRY ZIP/POSTAL CODE

Telephone: _____ E-mail: _____

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

1. Degree of mastery of fundamental academic knowledge in the major

Poor Fair Good Outstanding No Basis for Judgement

2. Degree of mastery of fundamental clinical knowledge in the major

Poor Fair Good Outstanding No Basis for Judgement

3. Overall intellectual 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 scientific or scholarly work

Poor Fair Good Outstanding No Basis for Judgement

6. Motivation and 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 as a prospective master'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 Non-Cohort Post Baccalaureate Option in Speech-Language Pathology at Loyola University Maryland.

Highly Recommend Recommend Recommend with reservation Not Recommended

Please add any additional comments on a separate piece of paper to describe the applicant's qualifications.

Signature _____ Date _____

