

SPEECH-LANGUAGE PATHOLOGY PROGRAM

Division of Communication Disorders • 125 Alexander Hall • Murray, Kentucky 42071

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E-mail: communication.disorders@murraystate.edu



Please mail the completed application (typed or printed) to the above address.

Application Deadline is **February 15**.

Name

_____ Last First Middle Maiden

Current Information

Current Address _____

Street City State Zip Code

Current Phone _____ () _____ () _____

Home Number Work Number email

Summer Contact Information

Summer Address _____

Street City State Zip Code

Summer Number _____ () _____ () _____

Home Number Work Number email

Graduate Record Examination

GRE taken on _____ Scores (Verbal _____ Quantitative _____ Analytical _____)
(Official Results must be sent to Murray State University)

ACT Composite Score _____

Other Information

I wish to be considered for _____ Full-Time enrollment _____ Part-Time enrollment

Essay

On a separate sheet, provide an autobiographical statement of 500 words or fewer which includes the following:

- A brief background statement of your reasons for choosing the field of Speech-Language Pathology
- Your reasons for selecting Murray State University
- Your specific area of interest or expertise
- Your professional goals
- Description of future plans
- Any other factors which should be considered

Signature Required

The information provided on this application is complete and accurate.

Applicant's Signature _____ Date _____