MURRAY STATE UNIVERSITY APPLICATION FOR ADMISSION TO POST-BACCALAUREATE STUDIES IN THE COMMUNICATION DISORDERS PROGRAM

Alison Brown
Center for Communications Disorders
125 Alexander Hall
Murray State University
Murray, KY 42071

Date of Application:					
Name:			Student ID No:		
Preferred Mailing Address:	· ·				
Contact Phone:	E-	mail Address: _			
Academic History					
Degree Institu	ution	Year	Major	GPA	
 be admitted to Murray State University; have completed a bachelor degree with a minimum GPA of 3.0; complete this application form and turn it in with a copy of your college transcript(s); meet with an advisor in the communication disorders (CDI) program Read the statement below and sign to indicate your agreement. Attach your transcript(s) to this signed form and mail to the address above or return to your advisor. I understand that admission into the graduate program is not guaranteed. I will be evaluated with all other applicants. 					
I must meet with anmy CDI advisor wil	I help me deterr s lower than 3.2	nine which class	lisorders program prior to ses I may enroll in. decrease my chances of be		
Signature:			Date:		