

APPLICATION FORM

For Admission Fall 2009

SAN DIEGO STATE UNIVERSITY / UNIVERSITY OF CALIFORNIA, SAN DIEGO
 JOINT DOCTORAL PROGRAM in
 Language and Communicative Disorders
 (619) 594-6775

DEADLINES: **January 20, 2009** for receipt (not postmark) of all application materials.
February 1, 2009 for receipt (not postmark) of GRE and TOEFL (if applicable) scores.

Failure to accurately represent your application, including all computations of GPAs and all reports of scores may result in invalidating your application. All figures will be checked prior to final admission.

(PLEASE TYPE)

A. 1. Name _____ Date _____

2. Other name(s) _____ Soc. Sec. # _____
 (under which materials might be sent)

3. Present Address _____
STREET

CITY STATE ZIP Phone _____

4. Permanent Address _____
STREET

CITY STATE ZIP Phone _____

5. Birthplace _____ Email _____ Citizenship (country) _____

6. Ethnic identity (optional). Please enter a code in box.

| | | | |
|---|--|---------------------------|----------------------------|
| 1 - American Indian or Alaskan native: tribe _____ | 4 - Other Latino, Spanish-Origin, Hispanic | L - Laolian | 6 - Other Pacific Islander |
| 2 - Black, non-Hispanic, including African American | C - Chinese | V - Vietnamese | 7 - White |
| 3 - Mexican-American, Mexican, Chicano | J - Japanese | T - Thai | F - Filipino |
| A - Central American | K - Korean | S - Other Southeast Asian | 8 - Other |
| B - South American | R - Asian Indian | G - Guamanian | 9 - No Response |
| Q - Cuban | 5 - Other Asian | H - Hawaiian | D - Decline to state |
| P - Puerto Rican | M - Cambodian | N - Samoan | |

7. Do you claim California Residency? Yes _____ No _____

B. 1. Name and Location of College(s) Attended

| | Dates | | Graduation | | Major Field of Study | GPA | |
|--|-------|----|------------|------|----------------------|---------|-------|
| | From | To | Degree | Date | | Overall | Major |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2. GPAs:
 Please figure your GPAs for the most recent 4 semesters or 6 quarters. (To convert quarter units to semester units, multiply by .667.)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

GRE Scores: (Most recent administration. Do not add scores of two administrations together or write in the highest scores of each.)

Date taken: _____ Verbal: _____ Quantitative _____ Analytical _____ Verbal & Quantitative Total _____
 (Scores and GPAs must be verified by official documents sent to the Joint Doctoral Program and to the SDSU Graduate Division).

3. _____

| Special Honors Projects, Publications | Honors and Awards (include Societies and Scholarships) |
|---------------------------------------|--|
| | |
| | |

4. Indicate in rank order, your interest in the three concentrations:
 Child language _____ Adult language _____ Multilingualism _____

5. List up to four professors from either campus whose interests most closely parallel your own.

a. _____ b. _____
 c. _____ d. _____

6. List any doctoral faculty from either campus with whom you have spoken regarding your applications:

C. ATTACH A STATEMENT OF PURPOSE: Your statement must be no more than 2-3 pages in length and must be typewritten. Please address the following areas:

- a) Describe the reasons you want to pursue a Ph.D. in Language and Communicative Disorders, including experiences that have shaped your interest in the field. Comment on any specific areas of interest within the field.
- b) Describe your qualifications for carrying out doctoral level work.
- c) Describe research experience and interests relevant to your degree objective.
- d) Describe work experience relevant to your degree objective.
- e) Outline your immediate and long term professional goals.
- f) Provide any additional information that you believe is important to your successful completion of the Ph.D. and achievement of your career goals.

D. From whom are you requesting letters of recommendation?

| Name | Address | Phone |
|------|---------|-------|
| | | |
| | | |
| | | |

E. If you are presently enrolled in coursework or expect to complete additional study prior to entrance to the Ph.D. program, please list your present and proposed course of study on a separate sheet, indicating the name and number of each course, the unit value and the semester or quarter during which you expect to complete such coursework.

*I certify that the information submitted in this application is true, complete and accurate.
I understand that any misrepresentation will be cause for denial of admission.*

Signature _____ Date _____

Please return to:

SDSU/UCSD Joint Doctoral Program in
Language and Communicative Disorders
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-1518