

San Diego State University
School of Speech, Language, and Hearing Sciences
Specialization in Bilingualism/Bilingual Speech Language Pathology Certificate
Application Form

Last Name **First Name** **M.I.** **RedID**

Address [No., Street,] **City** **State (abbr.)** **Zip Code**

Home: **Cell:** **Work:**
Area Code + Phone No. **Area Code + Phone No.** **Area Code + Phone No.**

Email **Proficiency CSET Score**

Language(s) spoken (other than English):

Please indicate how you rate your proficiency.

Speaking Reading Writing

Write a one-page, double-spaced essay in English on your academic and career goals. Include the relationship you see between your own background and these goals.

Submit your application and essay to:

Henrike K. Blumenfeld, Ph.D.
Bilingual Certificate Program
School of Speech, Language, and Hearing Sciences
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-1518