



Enrollment Processing Services (EPS)
 Attn: Fischler School of Education and Human Services
 3301 College Avenue
 P.O. Box 299000
 Fort Lauderdale, Florida 33329-9905



**Programs in Speech-Language and
 Communication Disorders
 Master's Degree
 Admissions Application**

Application for all delivery formats.

To complete the admission process, please submit a nonrefundable, \$50 application fee and include your Social Security number on the check or call 800-541-6682, ext. 25200, with your credit card information. Also, please note, you will be charged the \$50, nonrefundable application fee for each application submitted to our institution. If you prefer to complete an online application, please visit our Web site at www.nova.edu/admissions and click on Admissions.

Please retain a copy of the application for your records.

Biographical Information

Please print in dark ink.

Name:

Prefix First Middle Initial Last/Family
 Suffix (if appropriate) Maiden Name (if appropriate)

Do you have educational materials at NSU under another name, Social Security number, or ID? Yes No

If yes, what ID or name _____

**How did you learn about NSU?
 Please check all that apply.**

- Friend/Colleague/Relative
- NSU Employee
- NSU Student or Graduate
- Direct Mail
- TV or Radio Commercial
- SREB Electronic Campus
- eArmyU
- Web Site (specify)
- Newspaper (specify)
- Information Meeting (where)
- Conference (specify)
- Magazine (specify)
- Other (specify) (e.g., adviser)

Mailing Address

Street
 City U.S. State, Territory, or Canadian Province ZIP/Postal Code
 Nation

Is your permanent address the same as the address above? Yes No

Permanent Address

Street
 City U.S. State, Territory, or Canadian Province ZIP/Postal Code
 Nation

Business Address

Name of Company
 Number and Street City
 County State Country ZIP Code
 Telephone Cellular/Pager

FOR NSU USE ONLY



Primary Phone Number (_____) _____ International Access Code (if applicable)
Permanent Phone Number (_____) _____ International Access Code (if applicable)
Cell Phone Number (_____) _____ International Access Code (if applicable)

Email Address _____

The university is required to collect the following information to comply with federal reporting requirements of the U.S. Department of Education. The collected information will not be used in any discriminatory manner.

Social Security Number _____

NSU ID# _____
(If known)

Birth Date _____
(mm/dd/yyyy)

Gender Female Male

Race

- | | | |
|--|--|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other Asian not listed | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> I decline to respond. |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Native American or Alaskan Native | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Thai | |

Ethnicity

- Mexican Puerto Rican Other Hispanic or Latino I decline to respond.

Citizenship

- U.S. Citizen Foreign (nonstudying in the U.S.)
 Resident Alien I decline to respond.
 Nonresident Alien

What is your nation of citizenship? _____

If you are an international student and will be studying at one of our U.S. locations, what will your Visa status be?

- Student Visa Dependent Other Visa Type _____
Indicate Visa Type

Is English your native language? Yes No If no, documentation of English literacy is required.

Military/Veterans Information

Are you a U.S. active-duty military service member? Yes No

Are you a spouse/dependent family member of a U.S. active-duty service member? Yes No

If "Yes" to either of the two questions above, what military branch of service is your affiliation? _____

What is the anticipated active-duty discharge date of the military service member? _____

Are you a U.S. military veteran? Yes No If a U.S. veteran, please indicate your veteran category.

- Vietnam Veteran Other Eligible Veteran Both Vietnam Veteran and Other Eligible Veteran

Are you eligible for veteran's benefits? Yes No If yes, under which law?

Academic Background

All official transcripts/documents are required from the applicant for ALL previously attended institutions for FULL admittance.

List ALL specific college academic institutions (in chronological order beginning with most recent) you have, are, or will attend prior to NSU matriculation.

Name of Institution	City	State or Country	Major	Degree	Approx. # of Credits Earned	Start and End Date (or expected end)

Have you ever been required to leave any college or denied readmission because of conduct or academic deficiencies? Yes No If yes, please explain.

Additional Questions

Is this your first time applying to NSU? Yes No If no, to what program(s) have you applied?

Will this be your first time attending NSU? Yes No If no, in which program(s) have you enrolled?

Are you an NSU employee or a dependent of an NSU employee Yes No

Please indicate participation in any special programs (e.g., Finance Academy or Broward Leaders) or honors membership (e.g., Phi Theta Kappa):

What is the highest level of education attained by your father?

- Grammar School Middle/Junior High School High School
 College or Beyond Other/Unknown Not Applicable

What is the highest level of education attained by your mother?

- Grammar School Middle/Junior High School High School
 College or Beyond Other/Unknown Not Applicable

Note: Please be certain to read the following disclosure and sign the application for further processing. No application will be processed without your signature.

Disclosure Statement:

Have you ever been convicted in any state or country of a criminal offense, other than a minor traffic offense, where you have been found guilty by a judge or jury or entered a plea of nolo contendere (no contest); or any juvenile offenses; any offenses where the records have been expunged; or any conviction that the applicant is currently appealing, regardless of adjudication?

Yes No

If the answer is yes, please explain. _____

The disclosure is a continuing duty. All applicants must report to Nova Southeastern University (NSU) any such arrest or conviction after the filing of the application for admissions or during the time that the student is enrolled at the college. The admissions committee and NSU will consider new information submitted, and in appropriate circumstances, may change the status of an applicant or student.

Permission is hereby given to NSU to make any necessary inquiries and I voluntarily and knowingly authorize any former school, government agency, employer, person, firm, corporation, its officers, employees and agents, or any other person or entity making a written or oral request for such information.

Signature of Applicant _____ Date _____

Notices of Nondiscrimination and Accreditation

Consistent with all federal and state laws, rules, regulations, and/or local ordinances (e.g., Title VII, Title VI, Title III, Title II, Rehab Act, ADA, and Title IX), it is the policy of Nova Southeastern University not to engage in any discrimination or harassment against any individuals because of race, color, religion or creed, sex, pregnancy status, national or ethnic origin, nondisqualifying disability, age, ancestry, marital status, sexual orientation, unfavorable discharge from the military, veteran status, or political beliefs or affiliations, and to comply with all federal and state nondiscrimination, equal opportunity, and affirmative action laws, orders, and regulations.

This nondiscrimination policy applies to admissions; enrollment; scholarships; loan programs; athletics; employment; and access to, participation in, and treatment in all university centers, programs, and activities. NSU admits students of any race, color, religion or creed, sex, pregnancy status, national or ethnic origin, nondisqualifying disability, age, ancestry, marital status, sexual orientation, unfavorable discharge from the military, veteran status, or political beliefs or affiliations, to all the rights, privileges, programs, and activities generally accorded or made available to students at NSU, and does not discriminate in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

Nova Southeastern University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097, Telephone number: 404-679-4501) to award associate's, bachelor's, master's, educational specialist, and doctoral degrees.

Acknowledgment Statement

I have read and understood the instructions. I certify that the information submitted in this application is complete and correct to the best of my knowledge. False and/or omitted information will invalidate this application and could result in rejection of the applicant or dismissal from the university if the applicant has already been admitted. Permission is hereby given to NSU to make any necessary inquiries and I voluntarily and knowingly authorize any former school, government agency, employer, person, firm, corporation, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I agree that this information may be used by Nova Southeastern University for research and development purposes aimed at improving education and admissions programs.

Signature of Applicant _____ Date _____

04-101-09DBB

SS# _____ Name _____



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Fax (954) 262-3601 (Application Only) • www.fgse.nova.edu/slp

Supplement to Application for Master's Degree
Programs in Speech-Language and Communication Disorders

Name _____ Social Security number _____

Please type or print neatly and limit your answers to the space provided.

1. How accurately do you believe your grades reflect your abilities to succeed in the field of speech-language pathology?

2. In what volunteer, extracurricular, or non-work-related activities have you participated? List by date:

3. List your work experiences by date:

Programs in Speech-Language and Communication Disorders

(Supplement to Application for Master's Degree continued)

Essay Question:

Type on this page only.

Why are the following traits crucial to success as a speech-language pathologist?

- Good interpersonal skills
- Ability to take another's perspective
- Ability to problem solve

I hereby testify that the composition and writing on this application are entirely my own.

Signed _____ Social Security number _____

Print or type name _____

Programs in Speech-Language and Communication Disorders

(Supplement to Application for Master's Degree continued)

Please type or print neatly and limit your answers to the space provided.

Describe a problem or challenge you have faced, and describe the process you went through to solve the problem.

I hereby testify that the composition and writing on this application are entirely my own.

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Recommendation Form

Programs in Speech-Language and Communication Disorders

Master's Degree in Speech-Language Pathology

Please make two copies of this recommendation form and give the three forms to different evaluators to complete for you. This recommendation form may accompany additional letters on your behalf, but three recommendations on this form are required for each applicant.

The below named individual has applied for entrance into a master's degree program at Nova Southeastern University.

Please complete this portion of the recommendation form before giving it to your source of reference.
Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) enacted on December 31, 1974,
I DO I DO NOT waive the right to inspect and review this completed recommendation.

Applicant's name (print)

Signature

Street address

Apartment

City

State

ZIP

Social Security number

Date

Employer (or institution/organization)

To be completed by the evaluator:

The above-named individual has applied for admission to our master's degree program. Our program graduates students who demonstrate excellent academic skills, superior clinical/human relation skills, and high levels of professional behavior.

Please complete both sides of this form.

1. Knowledge of the Applicant:

Approximately how long have you known this applicant? _____

How well do you feel you know the applicant? Casually Well Very well

What was the nature of your contact(s) with the applicant? Teacher Major adviser Employer

Other (specify): _____

2. Evaluation: In comparison with other students in the same field who have the same amount of experience and preparation, I rate this person as follows:

	Top 5%	Top 10%	Top 20%	Upper 50%	Unable to Rate
Performance in evaluator's area					
Ability to grasp new concepts					
Originality, intellectual creativity					
Logical thought					
Oral expression					
Written expression					
Interpersonal relationships with peers					
Interpersonal relationships with teachers and/or employers					
Self-control and poise					
Adaptability					

3. Recommendation: Considering this applicant's academic record, special abilities, ambition, and determination, please indicate your recommendation for the candidate's success in a graduate program.

- Recommend strongly Recommend with reservation
 Recommend Cannot recommend

4. Please add any comments that you feel will assist NSU in evaluating the applicant's potential to pursue graduate studies.

Name of evaluator (please print): _____

Signature: _____ Date: _____

Title: _____ Organization: _____

City, State, ZIP: _____

Phone number (optional): (_____) _____ Email address: _____

Do not return this form to applicant. Please mail this form directly to:
 NOVA SOUTHEASTERN UNIVERSITY
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Transcript Request and Transmittal Form

Programs in Speech-Language and Communication Disorders Master's Degree in Speech-Language Pathology

Student: To request that a transcript be sent from your former school to Nova Southeastern University, fill in the blanks in both sections. Mail to your former school.

Dear Alma Mater:

Please send Nova Southeastern University an official transcript of all my academic work taken while attending your institution. Please return the transmittal with my official transcripts.

- A. I attended your school from _____ to _____
- B. While in attendance, my name on your records was _____
Last First Middle/Maiden
- C. My student identification number was _____

Thank you for your assistance.

Sincerely,

 Signature

Dear Alma Mater: Please return this form with the transcript. Thank you.

Transcript Transmittal Form

Social Security number _____ / _____ / _____ Date: _____

Name _____
Last First Middle/Maiden

Address _____
Street

City State ZIP

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