Thank you for your interest in the Department of Communication Disorders

**Master of Speech Language Pathology**

**YOUR APPLICATION PACKET FOR YEAR 2015 CONTAINS**

| 5 PAGE APPLICATION | TECHNICAL STANDARDS STATEMENT | RECOMMENDATION FORM |

**APPLICATION AND TRANSCRIPT “POSTMARK” DEADLINE:**

**JANUARY 15, 2015**

Non-refundable $50.00 fee payable to LSUHSC must accompany application.

**APPLICATION INSTRUCTIONS**

- Please use a blue or black ballpoint pen or typewriter.
- Be sure to date and sign your application.
- An incomplete or illegible application will be returned.
RECOMMENDATION FORMS

Please distribute the Recommendation of Applicant Form to three (3) appropriate individuals accompanied by one of the enclosed self-addressed, stamped return envelope. These recommendation forms should speak to your tenacity and accomplishments. Referrals should be derived from your public work/activities which reflect your potential for successful graduate work in fields such as:

1. faculty members who have taught or worked with you in college;
2. professionals who have worked with you in supervisory positions within an agency or on the job;
3. employers.

When the recommendations are returned to you, DO NOT OPEN - envelopes with broken seals will NOT be reviewed.

GRADUATE RECORD EXAM (GRE) SCORES

Please request your official GRE scores from www.gre.org. Scores need to be received by LSUHSC School of Allied Health Professions by the application deadline date. Our school code number is 6352. Test scores will only be accepted within the past five (5) years.

Your scores need to be available by the January 15, 2015 application return deadline date

RETURN TO THE OFFICE OF STUDENT AFFAIRS

✔ Completed Application by the deadline date, plus your $50.00 application fee
✔ Sealed, Signed envelope(s) containing 2 official transcripts from every university attended by the application deadline unless mailed beforehand.
✔ 3 Recommendation Forms
✔ GRE scores

Return all the above to the Office of Student Affairs, LSUHSC School of Allied Health Professions, 1900 Gravier Street, New Orleans, LA 70112

NOTE 1: If you send your application packet DURING ANY semester, while you are enrolled in a college/university, it will be necessary for you to submit two (2) official copies of your transcript after completion of that particular semester.

NOTE 2: If you have any questions after reviewing the self-managed application, please contact the Office of Student Affairs at 504 568-6299.

NOTE 3: If you have questions regarding curriculum, academic schedules, or special circumstances please contact the Department of Communication Disorders at 504 568-4348.

Additional Enclosures: Tuition Fee Sheet
Louisiana Residency Policy