



**Fall Semester applications due February 1
No Spring Admissions**

A. CSU Application for Graduate Study. This must be submitted online at www.csumentor.edu Be sure to indicate your program choice as Communicative Disorders. You will be emailed an SFSU ID number within 24 hours. Visit the Graduate Studies website www.sfsu.edu/~gradstdy for more information.

B. Program Application

- 1. Fill out program application page 1 and 2 (see attached)**
- 2. Pay program application fee of \$25.00 (fee slip on page 4)**
- 3. Statement of Purpose. (1-2 pages, typed)**
- 4. Official transcripts**
- 5. Letters of Recommendation, 2 minimum.**
- 6. Résumé or Curriculum Vitae**
- 7. Basic Skills Requirement (*Credential Only Requirement*)**

Please make sure your full name is on all documents.

RETURN ALL PROGRAM APPLICATION MATERIALS TO:

Credential Admissions Office **ATTN: CD Programs**
College of Education - Burk Hall 244
San Francisco State University
1600 Holloway Avenue
San Francisco, CA 94132-4158

All applications will be reviewed after the deadline.

*If the deadline falls on a weekend, applications will be accepted until 5 p.m. the following business day.



COMMUNICATIVE DISORDERS PROGRAM

APPLICATION

Start semester (choose one)

Fall [][][] Spring [][][][]

Personal Information

SSN # [][][]-[][][]-[][][][][]

Date of birth: [][]/[][]/[][][][][]

SFSU ID [][][]-[][][][]-[][][][]

Name first middle last

Current Address number and street city/state zip

Permanent Address number and street city/state zip

Email

Home Phone [][][]-[][][][]-[][][][][] Work Phone [][][][]-[][][][][]-[][][][][][]

Ethnic identity code *: [] Male [] Female []

*Your response is voluntary and will not affect your admission

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

Academic Information

Status at SFSU at time of admission to the selected program (CHECK ONE ONLY!):

[] New graduate student (CSU Graduate/Post baccalaureate Application submitted to SFSU Graduate Admissions Office (ADM 254).

Date submitted: [][]/[][]/[][][][][] (mm/dd/yyyy)

[] Already enrolled graduate student - enrolled as _____ major

Degrees earned or in progress:

Bachelor's Degree: Date (to be) granted [][]/[][][][][] Institution _____

Academic Major _____

Applicant Signature

I have read and understood the instructions and information given to me in this document. All information I am submitting is true and correct.

Name

Date

Choice of Emphasis

A. *Master of Science in Communicative Disorders: (12201)*

Speech Pathology

B. *(Optional) Speech-Language Pathology Services (required for practicing in California Public Schools)*

Language, Speech & Hearing (901)

Language, Speech and Hearing with Special Class Authorization (910)

Note: If applying to the Clinical Rehabilitative Services Credential, CBEST scores must be submitted with the application. Out of State applicants excepted.

Statement of Purpose

Type an essay, no more than 2 pages, double-spaced, in which you outline your motivation for entering a career in Communicative Disorders. You may wish to include a description of experiences that led you to consider entering the field; also indicate your short-term and long-term goals as related to your service in the profession.

Program Application Processing Fee

The College of Education charges a \$25.00 fee for the program application. If possible, pay at the SFSU Bursar's Office prior to submitting your program application, bringing the attached payment form with you. The Bursar will print a receipt on the form. The form with printed receipt should be included with your program application. If you are unable to pay at the Bursar's Office, include a check or money order payable to SFSU with your program application.

Letters of Recommendation

Submit a minimum of two letters of recommendation with your application. The recommendations should be on the author's letterhead. Letters should address your ability to contribute to the field of Communicative Disorders. Possible individuals could be supervisors, clinicians, professors, or other professionals who can comment on your work. It is preferable you collect your letters and submit them with your application. In the event that the letter is sent separately, please provide the sender with the full address (as stated on the cover sheet of this application) and urge him or her to ensure that your name and social security number are clearly noted on the letter.

Transcripts

Submit **OFFICIAL TRANSCRIPTS** from every college or university you have attended. REMEMBER, another complete set of official transcripts must be submitted by our deadline to the Graduate Admission Office with the CSU Post-baccalaureate/Graduate Application.

CBEST (for Credential Candidates)

Submit with this application a photocopy of verification of all parts of the California Basic Educational Skills Test (CBEST). If verification is not available, submit a copy of your registration to take the next available CBEST exam. The CBEST is a required prerequisite for those applying to earn the California Clinical Rehabilitative Services Credential.

SFSU COLLEGE OF EDUCATION
ADMISSIONS APPLICATION FEE

LAST NAME FIRST

TELEPHONE NUMBER

SFSU I.D. NUMBER

PAY AT CASHIER

Student Services Building, 1st floor

SFSU Bursar's Office

SAN FRANCISCO STATE UNIVERSITY
1600 Holloway Avenue
San Francisco, CA 94132-4158
415-338-1281

ACTION	FEE	ACCOUNT
Application for Admission <input type="checkbox"/>	\$25	73480

Please return **PAID** receipt **with** completed application
to:

Credential Admissions, BH 244
College of Education
San Francisco State University
1600 Holloway Avenue
San Francisco, CA 94132-4158

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