

# Communicative Disorders Program Application

## Education Academic Services, School of Education - University of Wisconsin-Madison

Applicants to the Communicative Disorders Program should complete this form and submit it to Education Academic Services, B117 Education Building, 1000 Bascom Mall, Madison, WI 53706, (608) 262-1651. See a program advisor at Communicative Disorders regarding admission eligibility criteria and program structure.

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
Last First Middle

Campus Address \_\_\_\_\_  
Number Street City State ZIP Phone

Home Address \_\_\_\_\_  
Number Street City State ZIP Phone

Email Address: \_\_\_\_\_

**CURRENT PROGRAM:** Current Program/Classification (e.g., BS, BA, PRE, etc. If uncertain, confer with EAS staff): \_\_\_\_\_

**PPST:** Have you taken the Pre-Professional Skills Test (PPST/Praxis I)? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, what date was it taken? \_\_\_\_\_

**TRANSCRIPTS:** To process this application, EAS staff must have transcripts for any college course work taken somewhere other than the Madison campus (including UW-Extension). Current School of Education students need **not** supply off-campus transcripts. Students enrolled in another school/college at UW-Madison must submit copies of off-campus college transcripts with this application. Obtain transcript copies from your dean's office. For instance, College of Letters and Science students can get transcripts at L&S Student Academic Affairs, 70 Bascom Hall. If uncertain of your school/college affiliation, confer with EAS staff.

Official Use Only (EAS date stamp)

**Racial/Ethnic Heritage**

- American Native or Alaskan Native

Tribe: \_\_\_\_\_

Asian/Pacific Islander

- Cambodian, Laotian, Vietnamese  
admitted to U.S. after 12/31/75  
 Other Asian/Pacific Islander

- Black, Non-Hispanic  
 Hispanic/Latino  
 White, Non-Hispanic

I have read the above and request that I be considered for admission to the Communicative Disorders Program with the SED classification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Make a copy of this form for yourself and obtain a date stamp on the copy when submitting your application. Retain the copy for your records.**