

# Mississippi University for Women Speech-Language Pathology Graduate Program

## Checklist for Application Materials

Application Process Opens October 1

Application Deadline is March 1\*

This checklist was designed to ensure completion of the application process. Please read carefully. Initial each item and enclose this form in the application packet. **All application materials must be enclosed in a single packet.**

- \_\_\_\_\_ Complete the Graduate School Application. (Financial scholarship assistance letters are not necessary. Financial assistance will be determined at a later date.)
- \_\_\_\_\_ **Official** transcripts from **EACH** college/university attended are required. Transcripts must be in a sealed envelope and included in application packet. No e-scripts will be accepted.
- \_\_\_\_\_ Submit a personal statement: **Describe relevant experiences that have prepared you for a graduate program in speech-language pathology.** (1/2 to 1 page only, double spaced)
- \_\_\_\_\_ Include 3 letters of recommendation. (**Please request recommendation letters from persons who have knowledge regarding your academic college performance/potential.**) Faxed or emailed recommendations will not be accepted. Your recommenders must complete the recommendation form in addition to a letter of recommendation, and return to you in a sealed envelope. Provide the person(s) writing your recommendation with the application deadline (March 1).
- \_\_\_\_\_ Include immunization record. Two doses of MMR vaccine are required by MUW. Re-immunization is necessary when measles vaccine was administered before 12 months of age and/or before January 1, 1968.
- \_\_\_\_\_ Include application fee of \$25.00.
- \_\_\_\_\_ Have **official** Graduate Record Examination (GRE) scores sent to MUW using:  
Institution Code: **1481** and Department Code: **0620**  
GRE scores are not valid and will not be accepted after 5 years of the test administration date. A student copy of GRE scores may be enclosed if you choose, but will not be used for admission purposes.

**\*It is the applicant's responsibility to ascertain that all required materials have been received in the Speech-Language Pathology Department office prior to March 1. Incomplete applications will not be considered. Mailing by February 1 and verification of receipt by February 15 is strongly recommended.**

Send all application materials to:

**Mississippi University for Women  
Speech-Language Pathology Graduate Program  
1100 College St., MUW-1340  
Columbus, MS 39701**

**Attention: Melissa Buxton  
Phone: (662) 329-7271**

**The use of any other address may delay or prevent receipt.**

## **GRE Information**

All MUW graduate programs require submission of scores from the standard GRE which now includes verbal, quantitative, and analytical writing. For more information on the GRE, please contact:

- Mississippi State University Computer Based Testing Center at 662-325-6610
- Tupelo Sylvan Learning Center at 662-844-2121
- GRE website at [www.gre.org](http://www.gre.org)

Available online: Information regarding the GRE tests; Download the GRE Information Bulletin, including all forms; Register online for the General Test and/or a Subject Test; Get the most up-to-date list of test centers and institutions approved to receive scores; Learn about identification requirements on the test day and other GRE program policies; Access GRE test preparation materials and services; and Find answers to frequently asked questions.

Cost of GRE is \$195 (July 24, 2014)

[https://www.ets.org/gre/revised\\_general/about/fees/](https://www.ets.org/gre/revised_general/about/fees/)

**School Code:** 1481

**Department Code:** 0620



Mississippi University  
for Women  
*A Tradition of Excellence for Women and Men*

**APPLICATION FOR GRADUATE ADMISSION**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle or Maiden Other names in which transcript may be listed

SSN or MUW ID : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female MUW Faculty  Staff   
Military  Military Dependent

Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Marital Status:  Single  Married

Mailing Address:

Current: \_\_\_\_\_  
Street or Box City County State Zip Country

Permanent: \_\_\_\_\_  
Street or Box City County State Zip Country

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

In case of emergency contact:

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Last Name First

This information is used for statistical purposes and for reports required by the U.S. Department of Education in accordance with applicable federal regulations. Your cooperation in providing this information is appreciated.

**Citizenship**

U.S. Citizen  U.S. Permanent Resident Visa  Other Citizenship

Country of Birth: \_\_\_\_\_

Country/Countries of Citizenship: \_\_\_\_\_

VISA Type: \_\_\_\_\_

If a U.S. Citizen, please answer the following two questions:

(1) Are you Hispanic or Latino?  Yes  No

(2) What is your race? (Choose one or more races.)

- White  Black or African-American
- Asian  American Indian/Alaskan Native
- Native Hawaiian or Other Pacific Islander

## EDUCATIONAL INFORMATION

Semester you wish to enter:  Fall  Spring  Summer 1<sup>st</sup>  Summer 2<sup>nd</sup> Year \_\_\_\_\_  Full-Time  Part-Time

Academic Status  Degree Seeking  Non-Degree/Licensure  Non-Degree/Certificate

Program to which you are applying: \_\_\_\_\_  
 (See attached Instruction Sheet for listing of available programs.)

New Graduate Student  Returning Graduate Student Number of Years Relevant Experience (Education Only): \_\_\_\_\_

If previously admitted to an MUW Graduate Program:

Date Admitted: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ Program: \_\_\_\_\_

Name under which you were enrolled: \_\_\_\_\_

List in chronological order all colleges and universities you have attended: (If more than three, use a separate sheet.)

Institution	Dates Attended From - To	Major	Degrees and Dates Awarded

Records of Achievement: Please highlight distinctions, awards, honors, fellowships, publications, scholarships, and other recognitions.

\_\_\_\_\_  
 \_\_\_\_\_

List three persons who are qualified to certify as to your abilities and character, and ask them to complete one of the enclosed recommendation forms.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Have you taken the GRE Exam?  Yes/Date Taken \_\_\_\_\_  No/Appointment Date \_\_\_\_\_

Scores sent to Mississippi University for Women (Code 1481)  Yes  No

**MAT Applicants Only:** Have you successfully completed:

Praxis I Exam  Yes /Date Taken \_\_\_\_\_  No/Appointment Date \_\_\_\_\_

Praxis II Exam  Yes/Date Taken \_\_\_\_\_  No/Appointment Date \_\_\_\_\_

Scores sent to Mississippi University for Women (Code 1481)  Yes  No

**Graduate Assistantships.**  No, I do not wish to be considered for an assistantship  Yes, I wish to be considered for an assistantship and will follow the graduate program assistantship application guidelines. Assistantships are competitively awarded by the graduate program to which you are applying. Please send a letter indicating your interest in an assistantship and a current resume to the appropriate office.

I grant permission for the MUW faculty and staff to use my transcript and records necessary to process my application for admission to Graduate Studies. I hereby certify that, to the best of my knowledge, all information furnished on this form is complete and accurate. I further understand that the falsification of information can lead to immediate dismissal from MUW. I understand that admission to Graduate Studies does not imply acceptance as a candidate for an advanced degree and that completion of graduate study and Graduate Studies procedures are necessary for acceptance as a degree candidate. I have read the regulations of the Graduate Program as contained in the current MUW Bulletin. I understand that all programs must be completed within six years.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mississippi University for Women does not discriminate on the basis of race, color, religion, gender, age, national origin, sexual orientation, disability (when reasonable accommodations can be made), disabled veteran status or veterans of the Vietnam era status in admission or access to, or treatment or employment in, its programs and activities.

## INSTRUCTIONS

Send completed application in one package to the appropriate graduate department. This shall include application for graduate admission, all official college transcripts (in a sealed envelope from the originating institutions), three letters of recommendation, immunization certification (MMR not needed if born before 1957), \$25 application fee, and graduate scholarship application (if desired). Official GRE (Graduate Record Exam) scores and official Praxis I & II scores may be no more than 5 years old and must be received directly from the testing institution; however, you may also include a copy in your packet for convenience, if desired.

*\*Interview required for Nursing, Health Education & Educational Leadership Programs.*

Graduate Studies in Education: 1100 College Street MUW-1637, Columbus, MS 39701-5800 [tsanders@vpaa.muw.edu](mailto:tsanders@vpaa.muw.edu)

Health Education Graduate Program: 1100 College Street MUW-1636, Columbus, MS 39701-5800 [BChaltry@edhs.muw.edu](mailto:BChaltry@edhs.muw.edu)

Nursing Graduate Program: 1100 College Street MUW-910, Columbus, MS 39701-5800 [chudson@nsgslp.muw.edu](mailto:chudson@nsgslp.muw.edu) or  
[jwijewardane@nsgslp.muw.edu](mailto:jwijewardane@nsgslp.muw.edu)

Speech-Language Pathology Graduate Program: 1100 College Street MUW-1340, Columbus, MS 39701-5800 [JTownsend@nsgslp.muw.edu](mailto:JTownsend@nsgslp.muw.edu)

Physical Theatre Graduate Program: 1100 College Street MUW-70, Columbus, MS 39701-5800 [WBiddy@as.muw.edu](mailto:WBiddy@as.muw.edu)



Office of Graduate Studies: 1100 College Street MUW-280, Columbus, MS 39701-5800

Tel: (662) 329-7110 Toll free: 877-462-8439 Fax: (662) 241-6230 E-mail: [graduatestudies@muw.edu](mailto:graduatestudies@muw.edu)

### APPLICATION DEADLINES:

\*\*Please note that Graduate Studies in Education accepts applications on a continual basis. However, to ensure that your application is reviewed prior to the term in which you wish to begin your studies, make note of the following dates:

**College of Education\*\*:** Spring Term – December 1<sup>st</sup>  
Summer Term – April 1<sup>st</sup>  
Fall Term – August 1<sup>st</sup>  
Application for Graduate Scholarship: 2 months prior to term

**College of Nursing & Speech-Language Pathology:**  
Nursing – April 1<sup>st</sup>  
DNP – June 1<sup>st</sup>  
SLP -- March 1<sup>st</sup>

\* APPLICATIONS ARE KEPT ON FILE FOR ONE YEAR ONLY.

#### DEGREES OFFERED:

Master of Arts in Teaching (MAT)

Master of Education in:

- Differentiated Instruction (DI)
- Educational Leadership (EDL)
- Gifted Studies (GFT)
- Reading/Literacy (RL)

Master of Fine Arts in

- Physical Theatre (MFA Physical Theatre)

Master of Science in:

- Health Education (MSHE)
- Nursing (MSN)
- Doctor of Nursing Practice
- Speech- Language Pathology (SLP)

#### NON-DEGREE OFFERINGS:

COLLEGE OF EDUCATION

Department Of Education

- Gifted On-Line Certification (GIFTED-CERT)
- Reading/Literacy On-Line Certification (READ-CERT)

COLLEGE OF NURSING & SPEECH-LANGUAGE  
PATHOLOGY

- Post-Masters Certification
  - Family Nurse Practitioner
  - Geriatric Nurse Practitioner
  - Psychiatric Mental Health Nurse Practitioner



Department of Speech-Language Pathology  
1100 College St., MUW-1340  
Columbus, MS 39701

## Recommendation Form

### Instructions to Applicant

Complete applicant information. Indicate if you are waiving your right to see the recommendation. This form should be given to a college-level instructor who can attest to your academic potential. Your recommender must submit this form in addition to a letter of recommendation, and return to you in a sealed envelope. Provide the person(s) writing your recommendation with the application deadline (March 1).

### Applicant's Information

Applicant Last Name	First Name	Middle Name
Address	City/State	Zip code

### Applicant's Waiver of Right to Access

*Under the Family Educational Rights and Privacy Act of 1974, enrolled students have access to educational records concerning them. Students are also permitted to waive their rights of access to recommendations.*

- I DO WAIVE my right to inspect the contents of the following recommendation.
- I DO NOT WAIVE my right to inspect the contents of the following recommendation.

Applicant's Signature	Date
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### Person providing recommendation

The person named above is applying for admission to the Speech-Language Pathology graduate program at Mississippi University for Women. Please write and attach a letter addressing the applicant's ability to successfully complete a master's degree in speech-language pathology. Include factors such as oral and written communication skills, leadership activities, knowledge in speech-language pathology, ability to grasp new concepts, and responsibility/dependability.

I rank this applicant in the upper \_\_\_\_\_ percent of students I have taught at this academic level.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Title (please print)	Daytime phone number
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Institution Name \_\_\_\_\_

Institution Address	City	State	Zip code
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Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Title (please print)	Daytime phone number
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Institution Name \_\_\_\_\_

Institution Address	City	State	Zip code
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## Form No. 121 Certificate of Immunization Compliance

Name of Child/ Student/Employee \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Vaccine	Date Each Dose Was Given				
	1st	2nd	3rd	4th	5th
Pneumococcal					
Varicella					
DTaP/DT/Td					
Hib					
Polio					
MMR					
Hep B					
Tdap					
Other					

Check here if prior history of chicken pox       Medical Exemption Form 122 attached

The individual named above has met the immunization requirements for attendance or employment in a Mississippi child care facility or entry into a Mississippi public or private school, college, or university.

Please check ( ) one box only

Complete Until School Entry

Complete for school entry (K-6th grade)

Complete for middle school, high school, university/college, work requirements (7th grade and above)

Temporarily compliant-next immunization is due \_\_\_\_\_  
Month Day Year

Record in transit, valid until \_\_\_\_\_  
Month Day Year

Date of serological confirmation of immunity

\* Varicella \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

\* Measles \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

\* Rubella \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

\* Mumps \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

*\* Serological testing for the above are the only acceptable tiers that will be allowed for child care and school entry for those who are not fully immunized.*

\_\_\_\_\_  
Print or Stamp Name of Facility      Signature and Title of Issuing Individual      Month Day Year

*Hib and Pneumococcal vaccines are only required for child care.*

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Revised 5/17/12

Form No. 121E

Two (2) doses of MMR vaccine are required by MUW.  
 Re-Immunization is necessary when Measles vaccine was administered before 12 months of age and/or before January 1, 1968.