

Application for Admission

**Undergraduate Program in Communication Disorders
- Appalachian State University -**

**(Due 10/1 for Spring admission; 3/1 for Summer and/or Fall admission;
Summer applications due by 6/10)**

Name _____ **SID** _____

Semester of Application: [please circle]: **Spring** **Summer** **Fall** _____ **(Year)**

Email address:

Local Mailing Address: _____

Local Telephone #: _____

Permanent Mailing Address: _____

Permanent Telephone #: _____

Name of Academic Advisor (if currently enrolled at ASU): _____

(If not enrolled at ASU) **Currently enrolled at:**

I have received the Admission Process Summary for this program. I understand the minimum requirements for application and admission. I also understand that admission is competitive, and that meeting the minimum requirements does not mean that I will be admitted. I further understand how and when I will be notified of my admission status (admitted/not admitted), and that I will have assistance with schedule adjustments for my next term of enrollment that are necessary because of my admission status. If I am not currently enrolled at ASU, I understand that I am responsible for providing any records necessary for the application review process in a timely manner and that my admission to the CD program is contingent on admission to Appalachian State University.

Applicant Signature

Date