

Texas Woman's University
SLP PREREQUISITE PROGRAM Application Form
Due March 1

Name: (Please Print) _____ SS# _____

Address: _____

Email address: _____

Phone numbers: _____ (home) _____ (cell)

University granting bachelor's degree: _____

Date of graduation: _____ Cumulative GPA: _____

This application is for the: _____ Regular (1 year) track; _____ Alternate (2 year) track

Please initial to indicate your understanding of the following requirements:

___ I understand that the TWU SLP Prerequisite Program is offered for students who wish to apply to the TWU Speech-Language Pathology Master's Program (either the on-campus or TETN venue). If accepted into the Prerequisite Program, I plan to apply to (please check):

the On-Campus SLP Master's venue

the TETN SLP Master's venue

___ I understand that the Prerequisite Program is NOT a licensed assistant preparation program and that completion of the Prerequisite Program does NOT fulfill all of the requirements for an "Assistant in Speech-Language Pathology" license.

___ I understand that admission to the TWU Prerequisite Program is competitive and enrollment is limited, and that my application is NOT a guarantee of admission.

___ I understand that admission to the TWU Prerequisite Program does NOT constitute or ensure acceptance into the TWU Master's Program in Speech/Language Pathology.

___ I understand that courses in the Prerequisite Program begin each summer and continue through the subsequent fall and spring and that I must enroll in the specified courses at the time and in the sequence they are offered.

___ I understand that I must maintain an A or a B in all prerequisite courses in order to be allowed to continue. If I earn a grade of C or lower in a prerequisite course, I understand that I may retake the course only one time and that I must earn a grade of A or B before I can enroll in any further prerequisite courses. A student who earns a second C (or lower) will not be allowed to continue in the Prerequisite Program.

My signature below indicates my acceptance of the above terms and my desire to apply to and participate in this year's SLP Prerequisite Program.

Signature of Applicant

*Mail this application, two letters of recommendation, and the letter of intent to:

Dept. of COMS

P. O. Box 425737

Denton, Texas 76204-5737

Attn: Rhonda Redfearn, Prerequisite Coordinator

*All application materials must be postmarked or delivered by **March 1** for the current year's application.