

<b>Application Deadlines*</b> May Graduation – Nov. 1 Aug. Graduation – Mar. 1 Dec. Graduation – June 1
------------------------------------------------------------------------------------------------------------------

**Hampton University – The Graduate College**

**APPLICATION FOR ADMISSION TO CANDIDACY FOR DEGREE COMPLETION  
Communicative Sciences and Disorders (CSAD)**

*Only fully complete forms will be processed when submitted before the application deadline.*

I wish to apply for candidacy and graduation. I am applying at least 6 months (but no more than 1 year) prior to my expected graduation date, have met all admission requirements, have a cumulative GPA of 3.0 or higher, and do not have any incomplete course work.

Clearly **print** your full name as it should appear on the diploma (limit to three names) \_\_\_\_\_ Student ID Number \_\_\_\_\_ Email Address \_\_\_\_\_

Local Address (Street, City, State, Zip Code) \_\_\_\_\_ Permanent Address (Street, City, State, Zip) \_\_\_\_\_

**Masters of Arts**  
Degree \_\_\_\_\_ Hometown (City, State, Country) for Commencement Program \_\_\_\_\_ Telephone Number \_\_\_\_\_

**May / Aug / Dec 20** \_\_\_\_\_  
Expected month and year of graduation \_\_\_\_\_ Previous degrees earned (University, Degree, Year) \_\_\_\_\_  
**(Circle one and include year)**

Use your unofficial transcript (HUnet) to complete the Degree Plan of Study below. Identify the term (Fall = F, Spring = S, Summer = Su) and year for which a course was/will be taken and the grade received. Indicate substitutions in the appropriate column with the course and number. Put a check mark (√) in the appropriate column if a course is transfer credit or waived.

Degree Plan of Study (2008 catalog-present)			Cr	Term	Grade	Substitute*	Transfer*	Waived*
Required Courses: 49 credits								
CDS	500	Intro to Prof & Tech Communication	3					
CDS	501	Research Design in Speech and Hearing	3					
CDS	507	Stuttering and Other Fluency Disorders	3					
CDS	600	Advanced Speech Science	3					
CDS	603	Neurolinguistic Disorders in Adults	3					
CDS	606	Voice Disorders	3					
CDS	612	Artic & Phonological Disorders	3					
CDS	618	Advanced Clinical Practicum	6					
CDS	618	Advanced Clinical Practicum						
CDS	618	Advanced Clinical Practicum						
CDS	621	Language Disorders	3					
CDS	622	Family Intervention Strategies in CDS	3					
CDS	625	Motor Speech Disorders	3					
CDS	628	Diagnosis & Management/Swallowing	3					
CDS	699	Independent Research I	2					
CDS	700	Independent Research II	1					
CDS	702	Comprehensive Examination	1					
Electives								
CDS			2					
CDS			2					
CDS			2					

\*The appropriate forms must be filed to receive credit for course substitutions, transfer credit and waivers. **Total Credits: 49**

I understand that I may not deviate from the Degree Plan of Study without permission from the Dean of the Graduate College.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Program Coordinator's or Dept. Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Official Use Only</b>	
Met Admission Requirements: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied  Reason for denial: _____ _____ _____ Dean. Graduate College Signature _____ Date _____
Cumulative GPA: _____	
Incomplete Coursework: _____	
Comprehensive Examination: _____	