

Application Deadlines*
 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 _____

Spring _____ Summer _____ Fall _____ Year: _____
 Expected month and year of graduation (Circle one and include _____ Previous degrees earned (University, Degree, 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 _____

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