



**LEHMAN**  
COLLEGE

**OFFICE OF GRADUATE  
ADMISSIONS**

Shuster Hall, Room 150  
250 Bedford Park Blvd West  
Bronx, NY 10468

**Phone:** 718-960-8702  
**Fax:** 718-960-5860  
**Web:** www.lehman.edu

## Graduate Admission Application to the Masters in Speech Pathology

Program Code:  959 Speech-Language Pathology

Semester Applying for:  September 200\_\_  
 February 200\_\_  
 June 200\_\_

*Note: Lehman College does not discriminate on the basis of age, sex, race, color, creed, national origin, physical or mental disability, sexual orientation, marital status, alienage or citizenship status, or veteran's status.*

Application deadline: Oct. 1<sup>st</sup> for the Spring and March 1<sup>st</sup> for the Fall semester.

### Part A - Personal Information

Last Name		First Name		Middle Name		Prior Name	
Social Security Number -- --			Date of Birth			Gender <input type="radio"/> Male <input type="radio"/> Female	
Mailing Address				Apt			
City		State		Zip Code		Country (if non-U.S.A.)	
Daytime Telephone Number			Evening Telephone Number			E-mail Address	
Are you U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No		Immigration Status <input type="radio"/> U.S. Permanent Resident			<b>OFFICE USE ONLY</b>  _____ <b>Paid</b>  _____ <b>Processed</b>		
Country of Birth _____		Alien Registration (I-551) card # _____					
Country of Citizenship _____		<input type="radio"/> Other (specify type of visa) _____					

***Proof of immigrant or naturalized citizenship status must be shown in the Graduate Admissions Office when submitting this application. Copies of official documents are not accepted.***

"The college reserves the right to deny admission to any student if in its judgment, the presence of that student on campus poses an undue risk to the safety or security of the college or the college community. That judgment will be based on an individualized determination taking into account any information the college has about a student's criminal record and the particular circumstances of the college, including the presence of a child care center, a public school or public school students on the campus."



**Important Note for All Students:** To be eligible for New York State resident tuition rates, you must prove that you have been a New York State resident and that you are either a U.S. citizen or permanent resident or that you possess an eligible non-immigrant status. The information requested will be used to determine if you qualify for the New York State resident rate. **A failure to answer these questions will require you to complete the City University Residency Form.**

Where were you and each of your parents born? Check one in each column?	You	Mother	Father
Born in the United States, excluding Puerto Rico or U.S. Territories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Born in Puerto Rico or U.S. Territories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Born outside of the United States	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Country you most identify with: \_\_\_\_\_

Is a language other than English spoken at home?  Yes  No

Which language are you most comfortable with? \_\_\_\_\_

Have you been a New York State resident for the past 12 months?  Yes  No

If yes, please give the month and year New York State residency began \_\_\_\_\_

Did you file a New York City/State resident income tax return during the past twelve months?  Yes  No

Did you file a federal income tax return during the past twelve months?  Yes  No

List below all your addresses during the past five years, starting from your current address and working backwards: (Attach a separate sheet of paper if necessary).

From	To	Complete Address
_____ Month      Year	_____ Month      Year	_____ _____ City                  State                  Zip Code
_____ Month      Year	_____ Month      Year	_____ _____ City                  State                  Zip Code

**F-1 Student Visa Candidates:**

Please provide contact information for the individual who will act on your behalf if you are not currently in the United States. This person will receive information about your admissions status.

Last Name	First Name	Mailing Address	Apt.
City	State	Zip Code	Telephone Number



**Part B- Educational Background**

Applicants who have completed any degree or coursework at Lehman College after 1993 do not need to request a transcript from Lehman. This includes undergraduate, graduate, and non-degree courses.

Undergraduate/Graduate College or University	Date of Attendance	Major	Degree (if applicable)	Date Conferred	GPA

**Part C- Admissions Requirement for M.A. in Speech Pathology**

- A bachelor's degree (or its equivalent) from an accredited college or university.
- Transcripts from all colleges attended
- Include a personal check or money order of \$125 (non-refundable fee) payable to Lehman College.
- Demonstrate the potential to successfully pursue graduate study, that is, have attained a minimum undergraduate grade average of B+ in the field selected for the graduate major and a minimum grade average of B+ in the undergraduate record as a whole
- Two letters of recommendation (preferably from an instructor or supervisor who can attest to your past scholastic performance and capacity for graduate work)
- Write a typed Career Objectives Essay: Please write a statement of about 500 words describing as specifically as possible your intellectual and academic interests, accomplishments, and goals
- Selected potential students must have a personal interview as well as complete a spontaneous writing sample during their Department visit. The American Speech-Language-Hearing Association requires that students possess skills in oral and written or other forms of communication sufficient for entry into professional practice.
- Students accepted for matriculation in the M.A. Program in Speech-Language Pathology must have completed the Lehman College undergraduate major in Speech Language and Hearing Sciences, or its equivalent at another institution. Students who have completed an undergraduate degree in a different major must complete 27 credits of core prerequisite course work: SPV 221, 245, 246, 247, 248, 249, 326, 327, 328 or the equivalent, to be eligible for admission into the M.A. Program in Speech-Language Pathology.

\* If you took the following courses at Lehman, please list the semester you took the course (e.g., Fall 2007) and the grade you received.

		Semester Taken	Grade
SPV 221	Language Acquisition (3)	_____	_____
SPV 245	Articulatory Phonetics (3)	_____	_____
SPV 246	Introduction to Linguistics (3)	_____	_____
SPV 247	Anatomy & Physiology of the Speech Mechanism (3)	_____	_____
SPV 248	Acoustic Phonetics (3)	_____	_____
SPV 249	Hearing Science (3)	_____	_____
SPV 326	Speech Pathology I (3)	_____	_____
SPV 327	Speech Pathology II (3)	_____	_____
SPV 328	Introduction to Audiology (3)	_____	_____

**Total Credits 27**



If you did **not** take the above prerequisites at Lehman, please list the name of the equivalent course you took, where you took it and your grade:

	<b>Equivalent Course Number &amp; Title</b>	<b>Name of College</b>	<b>Grade</b>
SPV 221	_____	_____	_____
SPV 245	_____	_____	_____
SPV 246	_____	_____	_____
SPV 247	_____	_____	_____
SPV 248	_____	_____	_____
SPV 249	_____	_____	_____
SPV 326	_____	_____	_____
SPV 327	_____	_____	_____
SPV 328	_____	_____	_____

Additional credits needed for certification by the American Speech-Language-Hearing Association (ASHA) are the following:

	<b>Name of Course</b>	<b>Name of College</b>	<b>Grade</b>
1 Biology course sciences (3)	_____	_____	_____
1 Physical Science course (3)	_____	_____	_____
1 Math course (3)	_____	_____	_____
1 Psychology (3)	_____	_____	_____
<b>Total credits 12</b>			

List any writing courses you have taken and your grade:

<b>Name of Course</b>	<b>Undergraduate / Graduate College</b>	<b>Grade</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Statement of Agreement**

- I understand that all applications and supporting documents received by Lehman College become the property of Lehman College and cannot be returned or sent elsewhere.
- I hereby certify that the statements made in this application are true and complete and will be treated confidentially for institutional purposes only.
- I understand that any omissions or misstatement of mine in this application, whenever discovered may result in the voiding of my admission or registration and the receipt of no credit from Lehman College.
- I understand that **the application fee** cannot be waived or refunded.
- I understand that the submission of the application and supporting documents does not guarantee admission to the graduate program at Lehman College.

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

**Applications must be signed and dated in order to be valid.**