

**Graduate Assistantship Application
Speech-Language Pathology Program**

Name: _____ Date: _____

Address: _____

Telephone # _____ Email: _____

Undergraduate Grade Point Average _____

Briefly describe your relevant work experiences:

<u>Employer</u>	<u>Duties</u>	<u>Dates</u>
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Indicate any special knowledge or skills that might be useful in a graduate assistantship:

Please attach any additional statements that you feel would assist the appropriate faculty to evaluate your application.

Print and send this application to:

**Speech-Language Pathology, Program Director
Box 1147
Edwardsville, IL 62026-1147**

**Or send the completed form electronically using
the "Submit" button below (preferred)**