

# COMPREHENSIVE EXAMINATION APPLICATION

## MASTER OF SCIENCES IN SPEECH-LANGUAGE PATHOLOGY

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

In order for this application to be complete; it must include:

- 1. Application (this form)
- 2. A copy of your PRAXIS exam results
- 3. A copy of your current transcript

Please list **ALL** SPH courses you have taken:

<u>Course</u>	<u>Title</u>	<u>Grade</u>	<u>Semester Hours</u>
SPH 500	Aphasia	_____	_____
SPH 501	Phonological Disorders	_____	_____
SPH 502	Fluency Disorders	_____	_____
SPH 503	Diagnostics and Clinical/Research Writing for the SLP	_____	_____
SPH 504 I	Clinical Practicum	_____	_____
SPH 504 II	Clinical Practicum	_____	_____
SPH 504 III	Clinical Practicum	_____	_____
SPH 504 IV	Clinical Practicum	_____	_____
SPH 504 V	Clinical Practicum	_____	_____
SPH 504 VI	Clinical Practicum	_____	_____
SPH 505	AAC and Language Disorders	_____	_____
SPH 506	Dysphagia	_____	_____
SPH 507	Speech Science	_____	_____
SPH 508	Neuropathologies of Speech	_____	_____
SPH 509	Research in Speech-Language Pathology	_____	_____
SPH 510	Special Studies: Capstone	_____	_____
SPH 511	Advanced Audiology	_____	_____
SPH 512	Cranio-Facial and Voice Disorders	_____	_____
EPS 550	Research Methods	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Designate courses in progress with "I.P."