



DOCTOR OF AUDIOLOGY (AuD) PROGRAM

Supplemental Information Form

Name: _____ Date form completed: _____

How did you hear about the AuD program at Ball State University?

Flyer/brochure Web site Advisor/professor Friend Alumni Other: _____

Preferred Contact Information – How we may reach you during the application process

Mailing address:	E-mail:	Phone:
_____	_____	_____
_____	_____	_____

Please notify Dr. Lauren Shaffer (lashaffer@bsu.edu) if your contact information changes.

Education Information

Undergraduate major: _____

Date bachelor's degree awarded or anticipated: _____

Bachelor's degree institution: _____

Date master's degree awarded or anticipated (if applicable): _____

Master's degree institution: _____

Grade Point Averages (specify if other than 4.0 scale)

Cumulative: _____ Major: _____ Upper division (junior and senior yrs): _____

Graduate courses (if any): _____

Test Scores

Graduate Record Examination (GRE)	Other test scores (if any):
Verbal score: _____	_____
Quantitative score: _____	_____
Total (V + Q): _____	
Analytical/Written Exam: _____	

Audiology and Speech-Language Hours Obtained (not required for admission)

Observation hours: _____ Practicum hours: _____ (audiology) _____ (speech-language pathology)

References (list names)

1. _____ 3. _____
2. _____

Required prerequisites and other foundation courses completed (Please refer to *Required Undergraduate Courses* information included in this packet for additional information. Some courses may provide dual content, e.g. a course in hearing science may provide content in anatomy and physiology of hearing)

Communication disorders area

	Course	Grade	Credit Hrs*
Acoustics	_____	_____	_____
American Sign Language	_____	_____	_____
Anatomy & Physiology of Speech/Hearing	_____	_____	_____
Audiology:	_____	_____	_____
Aural Rehabilitation:	_____	_____	_____
Language Development:	_____	_____	_____
Language Disorders:	_____	_____	_____
Phonetics:	_____	_____	_____
Speech and/or Hearing Science	_____	_____	_____
Speech/Phonological Disorders:	_____	_____	_____

Related areas (*one course in each area unless otherwise indicated*) Please note that courses will be reviewed prior to acceptance. Not all courses in an area will meet these requirements.

	Course	Grade	Credit Hrs*
Beh/soc science (<i>e.g., psych, soc</i>):	_____	_____	_____
Beh/soc science (<i>e.g., psych, soc</i>):	_____	_____	_____
Biology:	_____	_____	_____
Business:	_____	_____	_____
Chemistry (with lab):	_____	_____	_____
Computing (<i>or proficiency</i>):	_____	_____	_____
First Aid/CPR (<i>course or certification</i>):	_____	_____	_____
Math:	_____	_____	_____
Neuroanatomy	_____	_____	_____
Physics (with lab):	_____	_____	_____
Statistics:	_____	_____	_____

Courses in progress or to be taken

Course Name	Course #	Credit Hrs*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**specify if not in semester hours*

Related skills, talents, or experience (*e.g., Web site design, fluency in another language, ASL skills, etc.*):
