



UNIVERSITY OF ALASKA ANCHORAGE
College of Education
Department of Counseling and Special Education
3211 Providence Drive, PSB Suite 225, Anchorage, Alaska 99508-4614
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Speech-Language Pathology Program

Pre-Screening Form

Personal Identification and Contact Information

Name				
Address		City	State	Zip
Home Phone	Work Phone	Cell Phone		
Preferred e-mail				

Educational History List all degrees, date of graduation, and institutions.

Undergraduate Degree*	Date of Graduation	Institution
Graduate Degree*	Date of Graduation	Institution

Brief Employment History (include past five years, and any additional related positions prior to past five years, i.e. educational or related service positions)

Year From ...To	Employer	Position Held

Ability and Achievement Information (to be confirmed by formal application, official transcripts, and test scores at later date)

What was your overall undergraduate GPA? _____

Have you taken the GRE within the past five years? Yes No

If you have not taken the GRE within the past five years, when do you plan to take it? _____

What was your score on the verbal and quantitative (analytical) sections? verbal _____ quantitative _____

***Please send or fax a copy of transcripts from an accredited institution to:** Cheryl Chapman, CASE Program Manager, PSB, Suite 225, 3211 Providence Dr., Anchorage, AK 99508-4614. 907 786-4474 (fax).

I understand that this master's program requires both academic coursework and clinical internships.

Signature

return form to address above