ADELPHI UNIVERSITY  
HOFSTRA UNIVERSITY  
ST. JOHN'S UNIVERSITY  

Long Island Doctor of Audiology (Au.D.) Consortium  

application for admission
To expedite the receipt and processing of your application, applicants are strongly encouraged to follow the application instructions provided. All application materials should be sent directly to: Adelphi University, Office of University Graduate Admissions, One South Avenue, P.O. Box 701, Garden City, NY 11530-0701. It is the applicant’s responsibility to ensure that all materials are sent to and received by the Office of University Graduate Admissions. For assistance or to confirm program application requirements, feel free to contact Yula Serpanos, program director, with any questions.

You can access the status of your application online at admissions.adelphi.edu/appstatus.php.
Items 1–3 must be sent from the applicant directly to the Office of University Graduate Admissions.

1. **The completed Graduate Application for Admission** (include your signature and the date)

2. **Your completed typed essay** (essay should be answered in 300 words)
   What are your reasons for undertaking doctoral study at this time? Specify how the Doctor of Audiology degree will facilitate your future professional development. Discuss your goals, areas of professional interest, and any relevant clinical and educational experiences.

3. **An application fee of $50**
   This fee is not refundable and is not credited on any subsequent bill. Checks or money orders should be made payable to Adelphi University. *Adelphi, Hofstra, and St. John’s alumni and U.S. veterans are not required to pay this fee.*

Items 4–6 must be sent from the originating source or individual directly to the Office of University Graduate Admissions.

4. **Standardized test scores**
   It is the applicant’s responsibility to request that official copies of test score reports be forwarded directly to the Office of University Graduate Admissions. The standardized test recognized for admission to graduate study in the Long Island Doctor of Audiology (Au.D.) consortium is the GRE (Graduate Record Examination). The Educational Testing Service code for Adelphi University is **2003**. Scores must be from exams taken within the last five years.

5. **Official degree-noted transcripts from all colleges and universities previously attended**
   A minimum undergraduate GPA of 3.0 overall and in the major is required. Students who have a bachelor’s degree in a major area other than communication sciences and disorders are required to show transcript evidence of the following six prerequisite courses prior to admission:
   - Phonetics
   - Anatomy and Physiology of the Speech and Hearing Mechanism
   - Speech and Language Development
   - Speech and Hearing Sciences
   - Speech and Language Disorders
   - Introduction to Audiology

6. **Two letters of reference**
   Provide your references with the applicant’s Letter of Reference Form. Letters must be written by academic or professional references. *Letters from family/friends will not be accepted.*

**DUE DATE: FEBRUARY 1**
Applications completed by the priority date are guaranteed a decision for the fall semester. Applications completed thereafter will be considered on a case-by-case basis (fall admission only).

**NOTE:** Qualified candidates will be invited and required to complete an interview prior to acceptance.
Long Island Doctor of Audiology Program Application

Personal Data

(Please type or print clearly)

Mr. Mrs. Miss Ms. ________________________________ (Last) (First) (Middle)

- Male - Female Date of birth ____________ ____________ ____________

(Month) (Day) (Year)

Other name(s) that have been used on transcripts ____________________________________________

Street address __________________________________ Apt., if applicable ______

City/Town __________________________________ State ________________ ZIP ____________

Home phone __________________________ Work phone __________________________

Cell phone __________________________ Email __________________________

Were you born in the United States? – Yes – No If no, what is your country of birth? __________________________

What is your country of citizenship? __________________________________________

Are you a citizen of the United States? – Yes – No If no, are you a permanent resident of the United States? – Yes – No

If you are a permanent resident, please indicate your Resident Alien number. __________________________

If you are a permanent resident, you must enclose a photocopy of your Alien Registration Form with this application.

How long have you lived in the United States? __________________________

Have you ever been convicted of, or pled guilty or no contest to a felony or misdemeanor charge? (An affirmative response will not automatically prevent admission, but any omission or falsification is grounds for denial or rescission of admission, or expulsion.)

- Yes - No If yes, provide an explanation. __________________________

* Providing your Social Security number is optional; it will be used by the Office of University Graduate Admissions for identification purposes only. The Social Security number is used to ensure the proper identification of transcripts and other application materials that may arrive under a married or changed name.

Home school preference (check one only): – Adelphi – Hofstra – St. John’s

Are you interested in a graduate assistantship? – Yes – No

Race and Ethnicity

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. To respond to these requests, we ask you to answer the following questions.

Responses to the questions in this section are voluntary and the information will be kept confidential. Refusal to provide this information will not subject the applicants to any adverse treatment. The following items are optional. No information that you provide will be used in a discriminatory manner.

Ethnic origin: Do you consider yourself Hispanic, Latino, or of Spanish origin? – Yes – No

If you wish to identify yourself with a particular racial group, please check all that apply:

- American Indian or Alaskan Native - Asian - Black or African American

- Native Hawaiian or Other Pacific Islander - White
**Previous Education**

Please list ALL institutions previously attended.

Indicate your previous (and current) education in the space provided. List your most recent education first by providing the name and location of the institution. Please include dates of attendance for all schools listed. Indicate the major field studied during this time, the degree earned (if any), the date the degree was or will be conferred, and whether the degree was obtained at the graduate (G) or undergraduate (U) level.

You will be responsible for having an official transcript from each college or university attended sent directly to the Adelphi University Office of University Graduate Admissions.

<table>
<thead>
<tr>
<th>Name of institution</th>
<th>City and state</th>
<th>Dates attended (month/year)</th>
<th>Credits earned</th>
<th>Major field</th>
<th>Degree</th>
<th>Date of degree (month/year)</th>
<th>U/G</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you ever been suspended, dismissed, expelled, or required to withdraw from any high school or college for academic or disciplinary reasons? (An affirmative response will not automatically prevent admission, but any omission or falsification is grounds for denial or recision of admission, or expulsion.)

☐ Yes ☐ No  
If yes, provide an explanation. ____________________________

**International Students**

Applicants whose native language is not English are required to complete a separate admissions application and to take the Test of English as a Foreign Language (TOEFL) (minimum score 550 pen and paper / 213 computer-based / 80 Internet-based test). TOEFL requirements will be waived if you can prove that you earned your bachelor’s degree in a university/college in the United States or the following countries: Anguilla, Antigua, Australia, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Canada (except Quebec/Montreal), Cayman Islands, Dominica, Grenada, Greenland, Guyana, Jamaica, Liberia, New Zealand, St. Kitts and Nevis, St. Lucia, South Africa, Tobago, Trinidad, Turks and Cacao Islands, United Kingdom, and U.S. Virgin Islands. Enter your test information below.

Date taken ____________________________  Score ____________________________

**Employment Record**

Please list all employment during the past 10 years, including military service and volunteer work. Also, include a list of any honors, significant publications, and research projects. Use additional sheets, if necessary.

<table>
<thead>
<tr>
<th>Name of employer</th>
<th>Occupation</th>
<th>Address</th>
<th>City and state</th>
<th>Dates employed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Military Service (U.S. citizens only)**

Have you served with the U.S. Armed Forces?

☐ Yes ☐ No

Are you eligible for GI benefits?

☐ Yes ☐ No

Branch of service ____________________________  Entry date ____________________________  Discharge date ____________________________

**Signature**

I understand that a fraudulent application will result in dismissal from the University. I certify that the information given above and the accompanying documents are complete and correct to the best of my knowledge. I understand that credentials supplied to support my admissions application become the property of the consortium, and I understand that I am responsible for providing these credentials even if I was a previous applicant or student of Adelphi University, Hofstra University, or St. John’s University. I authorize Adelphi University to contact previous schools attended to obtain information in connection with this application. I understand that certain fields of study may require me to submit to a background check. I understand that certain fields of study may require me to submit and pass an academic competency exam prior to final acceptance to the school.

Signature ____________________________________________  Date _________________
Long Island Doctor of Audiology Program Applicant’s Letter of Reference Form

Part A. To Be Completed By Applicant

Letter must be written by academic or professional reference. Letter from family/friend will not be accepted.

Name _______________________________  Other name(s) used on transcripts ______________________

Address ____________________________________________________________

Street City State ZIP

Phone _________________________________________________________________

I HEREBY WAIVE MY RIGHT OF ACCESS TO INFORMATION RECORDED ON THIS FORM AND ANY SUPPLEMENTARY SHEETS ATTACHED TO IT.

Signature ______________________________________________ Date ______________________

Part B. Narrative—To Be Completed By Recommender (Please Attach a typewritten narrative to this form.)

Name ________________________________________________________________

Signature ______________________________________________ Date ______________________

Employer ________________________________  Title ________________________________

Address ________________________________________________________________

Number of years you have known the applicant ________________________________

In what capacity? ________________________________________________________

Additional instructions on other side of this page ———>
As the writer of this narrative, you are required to give a frank assessment of the applicant. The Committee on Admissions seeks your opinion regarding the applicant’s character and personality, and your judgment regarding the candidate’s ability to master advanced study in his/her chosen field. Please respond to the following where applicable:

- Length and nature of your relationship with the applicant
- Information not likely to be available from other sources
- Applicant’s unique abilities, strengths, and limitations
- Special personal qualities, capacities, and interests that distinguish this applicant from others

Further Guidance for Referees (candidate references): The faculty has identified six values or commitments we believe are required of educational professionals. These core values are:

1. **Scholarship**: Values and engages in lifelong learning
2. **Reflective practice**: Values learning through meaningful activity
3. **Social justice**: Values learning and service in the contexts of our diverse communities
4. **Inclusive community**: Embraces community and collaboration
5. **Wellness**: Values personal growth and development of the whole person
6. **Creativity and the arts**: Values the creative processes

In reference, please explain if you believe the candidate is above average or exemplary in aspects of their lives associated with these values. Provide specific examples that support that belief. If you believe the candidate displays behaviors that are not consistent with these values, please explain in the narrative. Feel free to add any narrative comments that would help us determine whether the applicant has the background and essential dispositions for success in their chosen field.

Do not return this form to the applicant.

Please return this form and your typewritten narrative directly to:

Adelphi University  
Office of University Graduate Admissions  
One South Avenue  
P.O. Box 701  
Garden City, NY 11530-0701

Adelphi University is committed to extending equal educational opportunity to all who qualify academically.
Long Island Doctor of Audiology Program Applicant’s Letter of Reference Form

Part A. To Be Completed By Applicant

Letter must be written by academic or professional reference. Letter from family/friend will not be accepted.

Name ________________________________ Other name(s) used on transcripts ____________________________

Address ____________________________________________ Street __________ City __________ State __________ ZIP __________

Phone ____________________________________________

I HEREBY WAIVE MY RIGHT OF ACCESS TO INFORMATION RECORDED ON THIS FORM AND ANY SUPPLEMENTARY SHEETS ATTACHED TO IT.

Signature ________________________________ Date __________________________

Part B. Narrative—To Be Completed By Recommender (Please Attach a typewritten narrative to this form.)

Name ________________________________

Signature ________________________________ Date __________________________

Employer __________________________________ Title __________________________

Address __________________________________

Number of years you have known the applicant __________________________

In what capacity? __________________________

Additional instructions on other side of this page ———>
As the writer of this narrative, you are required to give a frank assessment of the applicant. The Committee on Admissions seeks your opinion regarding the applicant’s character and personality, and your judgment regarding the candidate’s ability to master advanced study in his/her chosen field. Please respond to the following where applicable:

- Length and nature of your relationship with the applicant
- Information not likely to be available from other sources
- Applicant’s unique abilities, strengths, and limitations
- Special personal qualities, capacities, and interests that distinguish this applicant from others

Further Guidance for Referees (candidate references): The faculty has identified six values or commitments we believe are required of educational professionals. These core values are:

1. Scholarship: Values and engages in lifelong learning
2. Reflective practice: Values learning through meaningful activity
3. Social justice: Values learning and service in the contexts of our diverse communities
4. Inclusive community: Embraces community and collaboration
5. Wellness: Values personal growth and development of the whole person
6. Creativity and the arts: Values the creative processes

In reference, please explain if you believe the candidate is above average or exemplary in aspects of their lives associated with these values. Provide specific examples that support that belief. If you believe the candidate displays behaviors that are not consistent with these values, please explain in the narrative. Feel free to add any narrative comments that would help us determine whether the applicant has the background and essential dispositions for success in their chosen field.

Do not return this form to the applicant.

Please return this form and your typewritten narrative directly to:

Adelphi University
Office of University Graduate Admissions
One South Avenue
P.O. Box 701
Garden City, NY 11530-0701

Adelphi University is committed to extending equal educational opportunity to all who qualify academically.
Accreditation

Adelphi University, Hofstra University, and St. John’s University are independent, comprehensive institutions, chartered by the University of the State of New York, and are accredited by the National Council for Accreditation of Teacher Education (NCATE), 2010 Massachusetts Ave, NW, Suite 500, Washington, D.C. 20036-1023, 202.466.7496. The clinical doctoral program offered by the Long Island Au.D. Consortium of Adelphi, Hofstra, and St. John’s is accredited by the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA) through January 31, 2013. Any questions concerning accreditation may be addressed to the program directors, the Au.D. program coordinator, or the CAA at 301.296.5700.