## APPLICATION FOR ADMISSION TO THE **DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS**

## COLLEGE OF ALLIED HEALTH SCIENCES EAST CAROLINA UNIVERSITY

DATE:		DATE ENTERED ECU:								
NAME:						BANN	NER #:			
(Last)	(First)	(First) (Midd			lle/Maiden)					
ADDRESS: (Permanent) _										
, , _	(Street)			(City/State)			(Zip)			
(Local)										
	(Street)			(City/State)			(Zip)			
PHONE: (Permanent) (	)			(Cell) (		)				
CLASS STATUS:				ADVISC	DR:					
NORTH CAROLINA RESIDI	ENT:			OUT-O	F-S	TATE RESID	DENT:			
HOURS ATTEMPTED AT E	CU:	HO	OURS C	OMPLETE	ED /	AT ECU: _	(	GPA:		
SAT SCORES: Math		Ve	rbal							
Have you completed:	PHYS	1050	YES _		NC	)	GRADE			
	BIOL	1050	YES _			)		GRADE GRADE GRADE GRADE		
			YES _			)				
	BIOL		YES _			)				
	CSDI	2100	_		NC	)				
	CSDI		YES _	<del></del>			GRADE	GRADE		
If you are a transfer stude	ent please	comple	te the	following	:					
When did you transfer to	ECU? (Ser	nester	& Year	)						
From:			F	lours trar	ısfe	erred:	GP	PA:		
Speech Screening: Pass/	Eail	Hoari	na Sero	ening: Pa		/Eail	Dato			
speech screening. Pass/1	all	пеан	ig suie	ennig. Pa	155/	ı all	Date			
Student's Signature										