Dear Prospective Student,

I am pleased that you are interested in the Master's of Science in Speech-Language Pathology program at ULM. Our Speech-Language Pathology master’s program is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association.

Students from throughout the United States—from Washington, California, Arkansas, Texas, New Jersey, Pennsylvania, Louisiana, etc.—as well international students—from Canada, Egypt, Greece and Hong Kong, etc.—enroll in our program. Generally, 100% of the Speech-Language Pathology graduate students in our program have passed the Praxis Examination in Speech-Language Pathology and accepted a Clinic Fellowship position prior to graduation.

Knowledge and skills acquired through academic and clinical experiences help students develop the professional competencies necessary to practice independently in the profession. Throughout the course of this program, clinical skills are acquired at the ULM Kitty DeGree Speech and Hearing Center and at the E.A. Barham Speech and Hearing Clinic on University Avenue and other approved sites. Additionally, graduate student clinicians assist with speech, language, and hearing screenings throughout the community for Head Start, businesses, and other entities.

Graduate students participate in research projects, mentored by faculty, that are peer-reviewed and often accepted for presentation at the local, state, regional, and/or national levels. Graduate students in the Speech-Language Pathology program also have the opportunity to participate in various departmental and college committees such as Student Representative to the Faculty, Dean’s Cabinet, and Health Sciences Student Council. The ULM Chapter of the National Student-Speech-Language-Hearing Association (NSSLHA) does several community projects and social events.

The Program in Speech-Language Pathology is a division of the College of Health and Pharmaceutical Sciences. Other departments within the College include Dental Hygiene, Medical Laboratory Science, Health Studies, Radiologic Technology, Nursing, Occupational Therapy, Counseling, Gerontology, Kinesiology, and Marriage & Family Therapy.

We welcome your interest in our program and look forward to reviewing your application. I encourage you to thoroughly review the information and contact us using the information below if you have any questions.

I wish you the best!

David L. Irwin, Ph.D., CCC-SLP, ASHA Fellow
David L. Irwin, Ph.D., CCC-SLP
Professor and Interim Program Director
318.342.1392 irwin@ulm.edu
M.S. in Speech-Language Pathology
Application Packet Contents

Welcome letter from the Interim Program Director in Speech-Language Pathology

Information Sheet

Application Instructions and Requirements

Application for admission to the M.S. in Speech-Language Pathology program

Application Fee Letter

Graduate School Application Link

Letter of Recommendation Form

**Departmental review of applications for fall semester will begin on February 25 and September 25 for spring semester.**

Due to the large number of applicants, your chances for admission are greatest if you apply before this date to allow adequate time for processing and verification of your credentials.

It is the applicant’s responsibility to assure that all required information/documents are received by these dates.

If you have questions about receipt of information, please contact Connie Scott, Administrative Assistant, at 318.342.1392, cscott@ulm.edu.
Speech-Language Pathology

(Speech-Language-Hearing)
(Communicative Disorders)

1. Degrees offered
   B.S., M.S.

2. Accreditation
   The Council on Academic Accreditation (CAA) of the
   American Speech-Language-Hearing Association (ASHA)

3. Job Responsibilities
   Assess, Treat & Help Prevent Speech, Language-Cognitive, and Swallowing Disorders:
   • Articulation - Sound Problems
   • Language - "Comprehension/Use"
   • Cognition - "Processing"
   • Voice - "Vocal Nodules, Hoarseness, Laryngeal Deficits"
   • Dysphagia - "Feeding/Swallowing"
   • Fluency - "Stuttering"
   • Aural Rehabilitation - “Hearing Impairment”
   • Neural Compromise - "Stroke/Head Injury"
   • ACC – “Technology for Non-Speakers”

4. Employment Sites:
   Hospitals, Schools, Rehabilitation Centers, Nursing Homes, Private Practice

5. Faculty:
   David L Irwin, Ph.D., CCC-SLP, Professor
   & Interim Program Director
   Ramona Bonnette, M.S., CCC-SLP, Instructor, Clinical Coordinator
   Sarah Hayes, M.A., CCC-SLP, Clinical Assistant Professor
   Sue Jones, M.A., CCC-A, Audiologist
   Becky Pickering, M.S., CCC-SLP, Instructor, Clinical Supervisor
   Mary Ann Thomas, M.S., CCC-SLP Instructor, Internship Coordinator
   Jennifer Whited, M.S., CCC-SLP, Instructor
   Clinical Supervisor

6. Contact Information:
   Dr. David Irwin, CCC-SLP, Interim Program Director
   Speech-Language Pathology Program
   The University of Louisiana at Monroe
   318.342.1392
   irwin@ulm.edu
   www.ulm.edu/slp
A. Program Admission
1. Admission to the M.S. program in Speech-Language Pathology is competitive and selective.
2. All applications are reviewed by the Speech-Language Pathology Admissions Committee.
3. Students should have a minimum cumulative GPA of 3.0 (on a 4 point system) and GRE scores are required.
4. Applications are reviewed for admission in both the fall and spring semesters.
5. Departmental review of applications will begin on September 25 for spring admission and February 25 for fall admission.
6. To ensure timely receipt and verification of information, applicants are encouraged to send their information well before the departmental deadline.

B. Pre-requisite Requirements
1. All applicants must have completed or be in the process of completing a baccalaureate degree from an accredited institution of higher learning. Students without a background in speech-language pathology may be eligible for the Accelerated track that leads to the M.S. degree.
2. Spoken and written English proficiency
3. Undergraduate core coursework (may be taken at ULM):
   a. biological and physical sciences (6)
   b. statistics (3)
   c. behavioral/social sciences (6)

C. Application Requirements
1. The following should be completed directly with the Graduate School, The University of Louisiana at Monroe, 700 University Avenue, Hannah Hall 241, Monroe, LA 71209.
   a. Complete the online Graduate Studies Application with a $20 non-refundable fee
   b. Have official transcripts forwarded from all institutions attended
   c. Have official GRE scores forwarded
2. The following should be sent directly to Dr. David Irwin, Interim Program Director, Speech-Language Pathology, The University of Louisiana at Monroe, 700 University Avenue, Monroe, LA 71209-0321:
   a. Speech-Language Pathology Application with documentation of payment of $50 non-refundable fee. Please submit this fee using a credit card by calling La Capitol FCU, (318) 342-5136. Provide the Speech-Language Pathology account number of 1-11400-0485 for proper credit.
   b. Three letters of recommendation addressing your potential for success in graduate school and the profession.
   c. Personal statement addressing your interest in the profession, professional goals, and preparation for study in Speech-Language Pathology.

D. General Program Requirements
1. Students must complete a minimum of 37 credit hours of coursework, excluding clinic and internship and meet the academic and clinical practicum requirements for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association. Additional coursework will be required for those students without undergraduate preparation in speech-language pathology.
2. Students must maintain a GPA of 3.0 or better. Earning a grade of “D” or “F” will result in dismissal from the graduate program by the university.
3. All students must successfully complete oral and written comprehensive examinations.
**UNIVERSITY OF LOUISIANA**
**MONROE**

**Application for Admission to the M.S. Degree in Speech-Language Pathology**

**DOCUMENTS SUBMITTED BECOME THE PROPERTY OF ULM AND MAY NOT BE RETURNED.**

Please note: this application and fee is in addition to the application for Graduate School admission. Submit $50 Speech-Language Pathology application fee to account number 111400-0485 by calling La Capitol FCU (318) 342-5136.

Application for:  **FALL 20_____**  **SPRING 20_____**

**TYPE OR PRINT IN INK AND COMPLETE ALL ITEMS.**

| Name: ______________________________________________________________________ |
| Address: ____________________________________________________________________ |
| E-mail: _____________________________  Cell phone: ____________________________ |
| Home phone: ______________________  Other phone: ____________________________ |
| University: ___________________  Degree: ____________________________ |
| Graduation Date or Expected Date: ____________________________ |

Please complete the following for all coursework:  
GPA in Speech-Language Pathology Courses: ______/4.0

<table>
<thead>
<tr>
<th>ULM Course Number / Name</th>
<th>Other Course Number / Name</th>
<th>Credit Hours</th>
<th>Grade</th>
<th>When and Where Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPLP 1013 Intro to SLH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPLP 1052 S/L Acquisition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPLP 2001 Anatomy physiology Neurology*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPLP 2002 Speech Language Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPLP 4001 Phonetics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPLP 4003 or 4077 Audio Aural Rehab</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPLP 4004 Multicultural Issues in Clinical Service Delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPLP 4005 Diagnosis of Communication Disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPLP 4028 Articulation Disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPLP 4033 Lang. Disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPLP 4035 Clinical Procedures &amp; Observation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPLP 4090 NeuroPhys of Speech</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any Clinical Clock Hours (beyond required 25 observation hours)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Sciences (Biology, Genetics, Anatomy/Physiology, Neuroanatomy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statistics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Sciences (Psychology, Sociology, Anthropology)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Sciences (Chemistry**, Physics**, Geology, Astronomy, Physical Geography)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Beginning Fall 2013, if no dedicated undergraduate SPLP Neuro class, 4090 must be taken during the first fall semester of the program.
** Preferred by ASHA.
GRADUATE SCHOOL APPLICATION

Students **must** submit the completed Graduate School application and $20 Graduate School Application fee to the Office of Graduate School.

Please access the following link to the Office of Graduate School:

www.ulm.edu/gradschool/

**IT IS THE STUDENT’S RESPONSIBILITY TO CONFIRM OFFICIAL TRANSCRIPTS FROM ALL INSTITUTIONS ATTENDED BE OBTAINED BY THE DEADLINE.**

**FAILURE TO ENSURE ALL DOCUMENTS HAVE BEEN RECEIVED WILL RESULT IN AN “INCOMPLETE” APPLICATION AND NOT BE CONSIDERED FOR ADMISSION.**

The departmental admissions committee looks forward to reviewing your application.
Dear Applicant to the Speech-Language Pathology Graduate Program,

Thank you for your interest in the M.S. program in Speech-Language Pathology. In addition to the application fee to the Office of Graduate Studies and Research, there is a $50 application fee to apply to the M.S. program in Speech-Language Pathology.

Please submit this fee using a credit card by calling La Capitol FCU, (318) 342-5136. Please be sure to provide the Speech-Language Pathology account number of 1-11400-0485 for proper credit.

NOTE: This fee must be paid by the February 25 deadline for fall applicants and September 25 for spring applicants!

If you have any questions, please feel free to contact me at (318) 342-1392 or irwin@ulm.edu.

Sincerely,

David L. Irwin, Ph.D., CCC-SLP, ASHA Fellow

David L. Irwin, Ph.D., CCC-SLP, ASHA Fellow
Professor and Interim Program Director
Speech-Language Pathology
The applicant identified below has applied to the Graduate School at The University of Louisiana at Monroe for admission to the M.S. program in Speech-Language and/or a graduate assistantship or work study job. Please complete the Rating Form on the reverse side and provide any additional comments that would help us make an informed decision. Thank you for your assistance. Return this form in a sealed envelope, with signature across the seal, to:

Dr. David Irwin, CCC-SLP, Professor and Interim Program Director
Speech-Language Pathology
The University of Louisiana at Monroe
Monroe, LA 71209-0321

TO BE COMPLETED BY THE APPLICANT:

Applicant’s Name: ___________________________ Date Form Submitted: _________________________

Name of Sponsor: ___________________________ Title: ___________________________________________

Institution: ______________________________________________________________________________

Address: ___________________________ Phone: ________________________________________________

TO THE APPLICANT:

Please give one of these forms to each of the sponsors you select (a minimum of three is required). For the convenience of your sponsor, please include a stamped addressed envelope as indicated above. Some instructors or employers, when preparing evaluations for students whom they know, prefer to preserve the confidentiality of any statements they make. To elicit the most candid evaluations possible from your sponsors who prefer to respond confidentially, we offer you the opportunity to sign a waiver below. Your decision not to sign the waiver will not prejudice your chances for acceptance or an assistantship.

APPLICANT’S STATEMENT OF INTENTION REGARDING RECOMMENDATION FORM:

****THIS SECTION MUST BE COMPLETED BY THE APPLICANT****

I, the undersigned, herewith (CHOOSE ONE OF THESE) ( ) DO WAIVE ( ) DO NOT WAIVE all rights at any time to examine, review, or read this rating sheet or copies thereof, which are written for, or contained in, The Graduate File at The University of Louisiana at Monroe.

_________________________________________                        __________________________________
Signature of Applicant                                                                        Date

TO THE SPONSOR:

As required by U.S. Public Law 98-380 as amended by PL 93-568 (Buckley Amendment), a student may elect to waive or not waive the right of viewing this rating sheet. If the applicant does not waive the right to view it, you should consider the sheet non-confidential and, of course, are at liberty to return the form uncompleted. Your attention is directed to the applicant’s signature and statement of intention.
Name of Applicant: 

Describe your working relationship with the applicant? 

PERFORMANCE KEY: (Continued on next page)

<table>
<thead>
<tr>
<th>Please rate this student in comparison to other graduating seniors with whom you have interacted in the past ten years.</th>
<th>5 – Exceptional (Top 10%)</th>
<th>2 – Average (Top 60%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 – Highly commendable (Top 25%)</td>
<td>1 – In some way deficient (Lowest 40%)</td>
<td></td>
</tr>
<tr>
<td>3 – Commendable (Top 40%)</td>
<td>0 – Unacceptable (Lowest 25%)</td>
<td></td>
</tr>
</tbody>
</table>

Please place an (X) within the appropriate category for each statement below. Please provide additional comments in the space provided or on a separate sheet of paper.

<table>
<thead>
<tr>
<th>A. Academics</th>
<th>PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Breadth of general knowledge and ability to handle abstract concepts.</td>
<td>5</td>
</tr>
<tr>
<td>2. Depth of theoretical knowledge in Speech-Language Pathology - Audiology</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Personal Qualities</th>
<th>PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acceptance/use of criticism.</td>
<td>5</td>
</tr>
<tr>
<td>2. Ability to relate to:</td>
<td></td>
</tr>
<tr>
<td>Peers</td>
<td></td>
</tr>
<tr>
<td>Clients</td>
<td></td>
</tr>
<tr>
<td>Faculty</td>
<td></td>
</tr>
<tr>
<td>Other Professionals</td>
<td></td>
</tr>
<tr>
<td>3. Ability to work independently.</td>
<td>5</td>
</tr>
<tr>
<td>4. Ability and interest in assuming responsibility.</td>
<td></td>
</tr>
<tr>
<td>5. Demonstration of originality/imagination.</td>
<td></td>
</tr>
<tr>
<td>6. Ability to evaluate and to adapt to new situations and information.</td>
<td></td>
</tr>
<tr>
<td>7. Motivation and diligence.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Clinical</th>
<th>PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstration of application of theory.</td>
<td>5</td>
</tr>
<tr>
<td>2. Demonstration of knowledge and use of clinical methods and materials.</td>
<td></td>
</tr>
<tr>
<td>4. Appropriate pursuit of assistance from supervisor.</td>
<td></td>
</tr>
<tr>
<td>5. Overall clinical competence, at present.</td>
<td>5</td>
</tr>
<tr>
<td>6. Overall clinical potential.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Research/Teaching Qualities</th>
<th>PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Potential as a research scholar.</td>
<td>5</td>
</tr>
<tr>
<td>2. Potential as a teaching assistant.</td>
<td></td>
</tr>
<tr>
<td>3. Clarity of spoken expression.</td>
<td></td>
</tr>
</tbody>
</table>

| E. Overall potential for success at graduate level in speech-language pathology. |
Eligibility for graduate stipend in your program, if available:

Highly Recommend_________ Recommend with Reservation _________ (explain) Do not recommend__________

Additional comments: __________________________________________________________

________________________________________________________________________

____________________________________________________________________________________________

___________________________________________________________________________________________

_____________________________ __________________________
Name (Printed) Title

________________________________________
Signature Date

________________________________________
Institution/Company

________________________________________
Phone email

Thank you for your time and cooperation.

Revised 05/2015