

**Nova Southeastern University
Health Professions Division
College of Allied Health
Doctor of Audiology Department (Au.D.)
Application for Admission**



Thank you for your interest in the Audiology Department. The College of Allied Health at Nova Southeastern University offers the Au.D. degree for students entering the profession and current practitioners interested in earning the doctoral degree. Admission is based on the application content, academic record, letters of recommendation, and a personal interview.

Please read the following information and complete the application.

- A nonrefundable application fee of \$50 must accompany this application. Check or money order should be made payable to Nova Southeastern University. Please include your name and social security number on your check or money order.
- Complete the application in its entirety and sign it.
- The Office of Admissions works on a rolling admissions basis. Applications are accepted throughout the year. To insure that your application receives prompt consideration, you should apply early. Admitted students begin the program in the fall semester.
- The Committee on Admissions will review applicants only after Nova Southeastern University has received completed application, fees, transcripts, and letters of recommendation. All data submitted in support of this application becomes the property of the university and cannot be returned.
- Mail the completed application, related correspondence, and the application fee to the Office of Admissions at the address below. **All correspondence must be addressed and forwarded to the following address in its entirety.**

Nova Southeastern University
Attention: Doctor of Audiology Admissions
3200 South University Drive
Ft. Lauderdale, FL 33328

TO COMPLETE YOUR APPLICATION, YOU MUST ARRANGE TO HAVE THE FOLLOWING DOCUMENTS SENT FROM THE INSTITUTION OR SERVICE ISSUING THEM:

- One official copy of your academic transcript sent directly from each college or university that you have attended. Transcripts must be "official." The school seal must be imprinted or embossed on the transcript and should be forwarded in a sealed envelope directly from the institution in order to be considered an official transcript. Photocopies and facsimiles will not be accepted. A transcript is required for each college or university even though transfer credit from one college may appear on another college's transcript.
- Three letters of recommendation from instructors, supervisors, and/or coworkers.
- Copies of all professional certifications, registrations, licenses or relevant credentialing materials.

Nova Southeastern University admits students of any race, color, sex, age, nondisqualifying disability, religion or creed, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school, and does not discriminate in administration for its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

It is your responsibility to inform the Office of Admissions of any changes in address or telephone number.

Application For Admission

Doctor of Audiology Department

Nova Southeastern University

Applying for Entering Class Fall _____

1. Name _____
Last First Middle/Maiden

2. Social Security Number _____

3. Do you have educational materials under another name? Yes No

If yes, indicate name _____

4. Permanent and/or Legal Residence _____
Number and Street City

County State Zip Code

5. Preferred Mailing Address _____
Number and Street City

County State Zip Code

6. Telephone () _____ () _____
Area Code Home Area Code Other

7. E-Mail Address _____ * 8. Sex: Male Female

* 9. Birth Date _____
Month Day Year

*10. Birth Place _____
City State County Country

*11. If you are a foreign national and do not possess a resident alien card, please indicate your visa status. _____
You may contact the International Student Advisor at (954) 262-7240 for assistance.

*12. How do you describe yourself? If Hispanic (choose only one)
 A. American Indian or Alaskan Native D. White (Non-Hispanic) Mexican American or Chicano
 B. Asian or Pacific Islander E. Hispanic Puerto Rican (Mainland)
 C. Black (Non-Hispanic) F. Other Puerto Rican (Commonwealth)
 Other _____

13. Family Information

Father	Mother	Guardian or Spouse
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
_____	_____	_____
Telephone () _____	Telephone () _____	Telephone () _____
		Relationship _____

14. Education

A. List all undergraduate colleges attended, currently attend, or plan to attend (list in chronological order)

Institution	Campus/Location/State	Dates	Summer Only	Major or Profession	Degree Earned
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

B. List all graduate or professional schools attended, currently attending, or plan to attend

Institution	Campus/Location/State	Dates	Summer Only	Major or Profession	Degree Earned
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Optional, for statistical purposes only.

20. Have you ever been convicted in any state or country of a criminal offense, other than a minor traffic offense where you have been found guilty by a judge or jury, or entered a plea of guilty or *nolo contendere* (no contest), any juvenile offenses; any offenses where the records have been expunged and any conviction that the applicant is currently appealing, regardless of adjudication?

Yes No If so, please explain. _____

The disclosure is a continuing duty. All applicants must report to the College of Allied Health any such arrest or conviction after the filing of the application for admissions or during the time that the student is enrolled at the college. The admissions committee and the college will consider new information submitted and, in appropriate circumstances, may change the status of applicant or student.

21. Describe any special circumstances which you believe might aid the Admissions Committee in evaluating your application.

22. How did you first learn about NSU's Department of Audiology?

- Academic/Prehealth Advisor
- Friend/Relative in program
- Internet
- Audiologist
- Admissions Counselor
- Other _____

I have read and understood the instructions. I certify that the information submitted in this application is complete and correct to the best of my knowledge. False and/or omitted information will invalidate this application and could result in rejection of the applicant or dismissal from the university if the applicant has already been admitted. Permission is hereby given to make any necessary inquiries. I voluntarily and knowingly authorize any former school, government agency, employer, person, firm, corporation, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I agree that this information may be used by Nova Southeastern University for research and development purposes aimed at improving audiology education and admissions programs.

Date

Signature of Applicant