ALABAMA A&M UNIVERSITY
Communicative Sciences & Disorders Program

Application to Enter Clinic

This application is to be completed by the student by MID-SEMESTER prior to the semester that the student plans to enter clinic practicum. Fall applications are completed during the spring semester if students are not planning to enroll during summer semester. After the application has been approved, you must obtain a copy of the approved application from the Director of Clinical Services.

I. Applicant’s Name ___________________________ Date ___________________________
Phone Numbers ___________________________ (home) ___________________________ (work)
Advisor ___________________________ Overall GPA ___________________________ Classification __________
Total Credit Hours ___________________________ Semester to Enter Practicum __________

II. Please indicate the grade you earned for the following courses. Please give the current grade if presently enrolled in course and put an asterisk (*) next to it. NOTE: Student must have no less than a 3.0 average in the courses listed below. If you do not meet these criteria then please contact the Clinical Director.

<table>
<thead>
<tr>
<th>Course</th>
<th>Grade</th>
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<th>Course</th>
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</thead>
<tbody>
<tr>
<td>CSD 202</td>
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<td>CSD 205</td>
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<td>CSD 307</td>
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<td>CSD 203</td>
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<td>CSD 207*</td>
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<td>CSD 308</td>
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<td>CSD 204</td>
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<td>CSD 215</td>
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<td>CSD 310</td>
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GPA for above course __________

III. Please indicate the number of observation hours of diagnostic/therapy sessions that you have acquired as of this application. (NOTE: Must have at least 25 hours of observation. At least one-half of the observation hours must be obtained at the AAMU Clinic and other hours may be obtained from AAMU approved supervisors off campus. Permission to obtain off campus observation hours is required from Director of Clinical Services prior to visiting off campus sites.)

Number of observation hours completed __________
Number lacking as of this application __________

IV. I certify that all the information given above is correct and respectfully request approval to enter CSD 321, 406, or 516. (Circle which practicum requested.)

__________________________________________
Student’s Signature

__________________________________________
Director of Clinical Services

__________________________________________
Advisor’s Signature

Do not write in this space

______ Accept
______ Conditional
______ Denied

PC: Program Director/Coordinator

* If taking Graduate CSD pre-requisites, this course is not required.