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.

Course	Grade	Course	Grade	Course	Grade
CSD 202	_____	CSD 205	_____	CSD 307	_____
CSD 203	_____	CSD 207*	_____	CSD 308	_____
CSD 204	_____	CSD 215	_____	CSD 310	_____
			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

_____
Date

PC: Program Director/Coordinator

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

_____
Advisor's Signature

Do not write in this space

_____ Accept
_____ Conditional
_____ Denied