APPLICATION FOR THE GRADUATE BILINGUAL CERTIFICATE PROGRAM
School of Speech, Language, and Hearing Sciences
San Diego State University

Have you been accepted into the School of Speech, Language, and Hearing Sciences Graduate Program? ___ YES ___NO

Name: _____ SS#:_____
Last First M.

Address:_____
Number Street City Zip

Phone: ( )_____ ( )_____
Home Work

Ethnicity_____

Are you a registered student at:

___SDSU
___ Speech, Language, and Hearing Sciences

Are you registered in the:

___Credential Program, Specify Type_____
___*Masters Degree Completed*

Please furnish the following information:

GPA:_____ GRE Scores: Verbal_____ Quantitative_____ TOTAL_____

Language background other than English:

Language Proficiency in:_____

Please rate (Excellent, Good, Fair, Poor)
Speaking_____Reading_____Writing_____

--Write a one-page, double-spaced essay in English on your academic and career goals. Include the relationship you see between your own background and these goals.

--Please make an appointment with the Bilingual Certificate Program Coordinator.

--Submit your application and essay to:

Dr. Vera F. Gutierrez-Clellen, Bilingual Certificate Program Coordinator
San Diego State University
School of Speech, Language, and Hearing Sciences
5500 Campanile Drive
San Diego, CA 92182-1518
(619) 594-6645