APPLICATION FOR ADMISSION
Department of Communication Sciences and Disorders
EAST CAROLINA UNIVERSITY

Date _____

Date entered ECU _____

Name _____ SSN _____
Last First Middle

Address (Permanent) _____
Street City/State Zip

(Local) _____
Street City/State Zip

Phone: Permanent ( ) _____ Local ( ) _____

Class Status _____ Advisor _____

North Carolina Resident _____ Out-of-state Resident _____

Hours attempted at ECU _____ Hours completed at ECU _____ GPA _____

SAT scores: Math _____ Verbal _____

Have you completed:	PHYS 1050	Yes _____	No _____	Grade _____
	BIOL 1050	Yes _____	No _____	Grade _____
	ENGL 3760	Yes _____	No _____	Grade _____
	CSDI 2100	Yes _____	No _____	Grade _____
	BIOL 1051	Yes _____	No _____	Grade _____
	CSDI ____			Grade _____

Speech Screening	Pass _____	Fail _____
Hearing Screening	Pass _____	Fail _____

If you are a transfer student please complete the following:

When did you transfer to ECU? _____ From _____
(Semester & Year)

How many hours did you transfer? _____ GPA _____

I hereby authorize the release to the Department of Communication Sciences and Disorders and waive any requirement that I can be furnished a copy of these records.

Student's Signature _____