APPLICATION FOR THE UNDERGRADUATE MAJOR
IN SPEECH PATHOLOGY AND AUDIOLOGY (SPNJ)

DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY
WESTERN MICHIGAN UNIVERSITY

The undergraduate major in Speech Pathology and Audiology is a pre-professional curriculum designed to prepare students for graduate work in speech-language pathology or audiology. Students who successfully complete the undergraduate major earn a BS in Speech Pathology and Audiology from Western Michigan University. Students must earn a graduate degree to be employed as an audiologist (AuD) or speech-language pathologist (MA or MS).

Admission Requirements for the Major in Speech Pathology and Audiology

✓ Minimum cumulative GPA of 3.0 * for all coursework post high school. Students must provide a transcript from each community college and/or university attended, including WMU.

✓ Minimum grade of B* in both:
  - SPPA 2000 Communication Disorders and Sciences or equivalent
  - ENGL 1050 Thought and Writing or equivalent

✓ Minimum grade of C* in the following (must have taken at least two of these courses):
  - BIOS 1120 Principles of Biology or equivalent
  - PHYS 1070 Elementary Physics and 1080 Elementary Physics Lab or equivalents
  - STAT 1600 Statistics and Data Analysis/MATH 1500 Number Concepts for Elementary/Middle School Teachers (See Advisor)

✓ Documented observation of a practicing speech-language pathologist or audiologist. If a student has observed more than one professional, report only the primary observation.

✓ Documented volunteer experience in a healthcare, educational or relevant research setting. If a student has more than one volunteer experience, report only the primary experience.

✓ Submit all academic transcript(s) post high school with the completed application no later than February 1 if you wish to be considered for starting the undergraduate program in the Fall semester of that calendar year. Decisions regarding acceptance into the major will be determined no later than March 1, with notification made by email. Send complete application materials to:

  WMU-CHHS Advising Office – Attn: Jill Hamilton
  Undergraduate Advisor, Department of Speech Pathology and Audiology
  Western Michigan University
  1903 W. Michigan Avenue
  Kalamazoo, MI  49008-5380

Students must be advised by the department advisor prior to application, to review the curriculum and departmental policies for the major. For an advising appointment, call 269/387-2656.

* Application to this major is competitive, and the strongest applicants are admitted each Fall Semester. Competitive applicants maintain a GPA and grades that are higher than the stated minimums.

Revised 3/14
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WMU Student ID # ___________________________ Semester and year started WMU _____________

Last Name ___________________________ First Name ___________________________ Middle Initial _____________

Permanent Home Address ___________________________ Local Address ___________________________

Permanent Telephone ______________ Local Telephone/Cell ______________ E-Mail Address ___________________________

I’m interested in future work as a: ___ speech-language pathologist ___ audiologist ___ I’m not sure

Cumulative GPA at time of application. Attach all community college/university transcripts. _________

Grades in core classes (or equivalent course if taken elsewhere) Where class was taken (e.g., WMU, KVCC, UM)

SPPA 2000 ________ ENGL 1050 ________ BIOS 1120 ________

PHYS 1070 & 1080 ___/___ STAT 1600/MATH 1500 ________

Primary Observation of Practicing Audiologist or Speech-Language Pathologist

Name of Professional Observed ________________________________________________

Name of Agency/Facility ___________________________ Phone # ___________________________

Types of Clinical Activities and Clients Observed________________________________________

_____________________________________________________________________________

Dates of Observation ___________________________________ Total observation hours _________

_____ Applicants must authorize the undergraduate program coordinator to contact this person for verification of

observation, by initialing this box.

Primary Volunteer Experience

Name of Agency/Facility __________________________________________ _______________________

Volunteer assignments (key words: cleaned, cooked, read) _______________________________________

Dates of Experience ___________________________ Total hours ___________________________

Contact Person/Supervisor’s name __________________________ Phone # ___________________________

_____ Applicants must authorize the undergraduate program coordinator to contact this person for verification of

volunteer experience, by initialing this box.

Revised 3/14