



TYPE OR PRINT

**GROSSMONT COLLEGE  
APPLICATION FOR ADMISSION TO THE  
SPEECH LANGUAGE PATHOLOGY ASSISTANT PROGRAM**

I AM APPLYING FOR FALL SEMESTER 20\_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Other Official Name: \_\_\_\_\_  
(If your records show a name different from above)

Home Phone Number: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Street)

Work Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

\_\_\_\_\_ (City) (State) (Zip)

E-Mail Address: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(If Different from above)

High School: \_\_\_\_\_

\_\_\_\_\_ (City/State /Zip) (Year Graduated)

**College and/or Other Post High School Education**

Name of College  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years Attended

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Degrees

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREREQUISITE COURSES (In Progress or To Be Taken)**

BIO 140 or 144 \_\_\_\_\_  
(Anatomy OR A&PI)  
SLPA 100 \_\_\_\_\_  
\_\_\_\_\_

**COLLEGE ATTENDING**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANTICIPATED  
DATE OF COMPLETION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU LEARN OF THE GROSSMONT COLLEGE SPEECH LANGUAGE PATHOLOGY ASSISTANT PROGRAM? \_\_\_\_\_  
\_\_\_\_\_

**COMPLETED PREREQUISITES:**

	COURSE NUMBER	TOTAL UNITS	LAB		YEAR COMPLETED	NAME OF COLLEGE	GRADE REC'D
			YES	NO			
<b>Biology 140 or 144 (Anatomy OR A&amp;PI)</b>	_____	_____	_____	_____	_____	_____	_____
<b>SLPA 100</b>	_____	_____	_____	_____	_____	_____	_____

**BASIC SKILLS (not required for admission):**

Math 103 or higher	_____	_____	_____	_____	_____	_____	_____
English 120	_____	_____	_____	_____	_____	_____	_____
Linguistics	_____	_____	_____	_____	_____	_____	_____

**WORK EXPERIENCE IN THE ALLIED HEALTH FIELD** Yes:\_\_\_\_ No:\_\_\_\_  
 (If YES, please describe in detail. Include Title, Responsibilities, and Years of Experience).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRIOR ACADEMIC PREPARATION** (highest degree achieved) Institution \_\_\_\_\_  
 HS/GED \_\_\_\_\_ AA/AS \_\_\_\_\_ BA/BS \_\_\_\_\_ MA/MS \_\_\_\_\_ Doctorate \_\_\_\_\_

Do you have prior Military Medical Training Yes:\_\_\_\_ No:\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECOND LANGUAGE PROFICIENCY** (SPECIFY: Read, write, and/or speak fluently): \_\_\_\_\_  
 (Language)

**DO YOU HAVE A PRIOR APPLICATION/TRANSCRIPT ON FILE WITH THE SLPA OFFICE?** Yes\_\_\_\_ No\_\_\_\_ Year \_\_\_\_\_

It is the responsibility of the applicant to ensure that all transcripts have been received by the SLPA Office and that all information on the application is correct and remains up to date.

**MAIL APPLICATION TO:** Speech Language Pathology Assistant Program  
 Grossmont College  
 8800 Grossmont College Drive  
 El Cajon, CA 92020-1799

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_