



School of Communication
Sciences and Disorders

SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS (SCSD) ADDITIONAL INFORMATION FORM

This form must be submitted by applicants applying to the
Speech-Language Pathology or Audiology program.
It should be received **NO LATER** than **JANUARY 15th** (or next business day if the 15th falls on a weekend).

Instructions:

Fill out the SCSD Additional Information Form on your computer by typing your answers using the space provided for each question. **Do not attach supplementary pages.** Print the completed form and mail it to:

SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS
DALHOUSIE UNIVERSITY
SIR CHARLES TUPPER MEDICAL BUILDING
5850 COLLEGE STREET, 2ND FLOOR, ROOM 2C01
PO BOX 15000
HALIFAX, NS B3H 4R2

Please Note: The SCSD Additional Information Form replaces the first two bullet points under **ADDITIONAL INFORMATION** on page 3 of the Dalhousie Graduate Application.

PART I APPLICANT INFORMATION PLEASE COMPLETE ALL FIELDS BELOW

SURNAME:				
GIVEN NAMES:				
EMAIL ADDRESS:				
PROGRAM THAT YOU ARE APPLYING FOR: (SELECT ONLY ONE)	AUDIOLOGY			<input type="checkbox"/>
	SPEECH-LANGUAGE PATHOLOGY			<input type="checkbox"/>
HAVE YOU APPLIED TO THIS PROGRAM PREVIOUSLY?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, IN WHICH YEAR(S)?				
IF CANADIAN CITIZEN OR PERMANENT RESIDENT, INDICATE YOUR PROVINCE OF PERMANENT RESIDENCE:				
IF NOT, PLEASE INDICATE THE COUNTRY IN WHICH YOU ARE A PERMANENT RESIDENT:				
LANGUAGE PROFICIENCY (CHECK ALL THAT APPLY)	READ	WRITE	SPEAK	UNDERSTAND
ENGLISH:				
FRENCH:				
OTHER LANGUAGES (LIST):				

PART II STATEMENT OF INTENT & OTHER INFORMATION

1. Using the space provided, please describe (600 words maximum):
 - a. what has led to your interest in pursuing a career in audiology or speech-language pathology
 - b. your reason(s) for applying to the audiology or speech-language pathology program at Dalhousie University
 - c. your personal suitability for working with people with communication disorders
 - d. your most valuable learning experience

Important Note: Answers must be type-written. Do not add supplementary pages. You must sign your statement in the space provided below for your application to be considered complete.

I verify that I developed and wrote the above Statement of Intent (please sign using the e-signature option below, or by inserting a handwritten signature):

2. List any accomplishments, such as awards and scholarships that you would like the Admissions Committee to take into consideration.

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3. Were there any extenuating circumstances that affected your academic performance?

NO		YES		(IF YES, PLEASE EXPLAIN BELOW)

4. Most relevant volunteer, work, and/or research experience. Please provide the name and contact information of a supervisor who can verify your participation in the activity listed. A random selection of references may be contacted to confirm your involvement.

Organization:			
Duties:			
Dates: From		to	Total Hours:
Month	Year	Month	Year
Supervisor's name & job title:			
Email or telephone:			
Organization:			
Duties:			
Dates: From		to	Total Hours:
Month	Year	Month	Year
Supervisor's name & job title:			
Email or telephone:			
Organization:			
Duties:			
Dates: From		to	Total Hours:
Month	Year	Month	Year
Supervisor's name & job title:			
Email or telephone:			

Parts III and IV are optional. *Do not send these pages with your application if the sections do not apply to you.*

PART III THESIS TRACK OPTION

Each year, several students are chosen to undertake a thesis track within our program. If you wish to be considered for the thesis track option, please explain your reasons for wanting to pursue a thesis; describe your research interests in your chosen program of study (audiology or speech-language pathology); and describe how your previous experiences have prepared you to successfully complete a thesis.

HAVE YOU APPLIED FOR EXTERNAL FUNDING? (THESIS TRACK APPLICANTS ONLY)	NO
	YES (IF YES, WHICH AGENCY?)

PART IV EQUITABLE ADMISSION POLICY

The School will give special consideration to Canadian applicants from the following historically under-represented and underserved groups: Indigenous peoples (for example: Mi'kmaq) and members of racialized minority groups (for example: African Nova Scotians). Accordingly, students who belong to one of these groups are invited to self-declare at the time of their application. Candidates who do so will be considered individually according to the school's requirements.

I wish to be considered for admission under the School's equitable admission policy.

I understand that I still have to meet the minimum criteria set by the Faculty of Graduate Studies and the School of Communication Sciences and Disorders in order to be offered admission.

I understand that I do not have to declare myself as a member of any group, unless I want to receive special consideration.

I am a member of the following group: