

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

Instructions:

1. Type your answers using the space provided for each question.
2. Do not attach supplementary pages.

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			
	SPEECH-LANGUAGE PATHOLOGY			
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:				
PERMANENT RESIDENCE MAILING ADDRESS:				
LANGUAGE PROFICIENCY (CHECK ALL THAT APPLY)	READ	WRITE	SPEAK	UNDERSTAND
ENGLISH				
FRENCH				
OTHER LANGUAGES (LIST):				

PART II STATEMENT OF INTENT & OTHER INFORMATION

1. Please describe how your academic background and life experiences have prepared you for our program and a career in audiology or speech-language pathology.

Instructions: Do not exceed 600 words (approximately 4000 characters). Do not add supplementary pages. Sign your statement in the space provided below.

I verify that I developed and wrote the above Statement of Intent (please sign):

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. List your most relevant volunteer, work, 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:	
	<small>Month</small>	<small>Year</small>		<small>Month</small>	<small>Year</small>		
Supervisor's name:							
Supervisor's job title:							
Email or telephone:							
Organization:							
Duties:							
Dates: From			to			Total hours:	
	<small>Month</small>	<small>Year</small>		<small>Month</small>	<small>Year</small>		
Supervisor's name:							
Supervisor's job title:							
Email or telephone:							
Organization:							
Duties:							
Dates: From			to			Total hours:	
	<small>Month</small>	<small>Year</small>		<small>Month</small>	<small>Year</small>		
Supervisor's name:							
Supervisor's job title:							
Email or telephone:							

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

PART III THESIS TRACK OPTION

Please describe your reasons for wanting to pursue a thesis and your research interests in your chosen program of study (audiology or speech-language pathology). Describe also how your previous experiences have prepared you to successfully complete a thesis. Do not exceed 600 words (approximately 4000 characters).

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: _____

PART V ENTRANCE SCHOLARSHIPS

The School offers a number of entrance scholarships. You do not need to submit additional materials to be considered for those awards. All students accepted in the program in an incoming year are eligible for these scholarships.

The School also offers entrance scholarships for Indigenous and/or Black/African students. If you would like to be considered for one of these awards, please select all that apply from the following options:

- I am African Nova Scotian (born and/or raised in Nova Scotia with substantial connection to the historical Black community*)
- I am African Nova Scotian/Canadian – born and/or raised in Nova Scotia without connection to the historical Black community*
- I am African Canadian (born and/or raised outside Nova Scotia)
- I am Mi'kmaq/First Nation (Nova Scotia)
- I am Mi'kmaq/First Nation (New Brunswick/Prince Edward Island)
- I am Maliseet/First Nation (New Brunswick)
- I am Indigenous/Métis (Atlantic Provinces)
- I am Indigenous/Innu or Inuit (Atlantic Provinces)
- I am Indigenous/First Nation (Other)
- I am Indigenous/Métis (Other)

*Historical Black communities are understood to be those whose ancestral origins are connected to Black Loyalists and Black Refugee populations of the 1700s, the Maroons, and Caribbean migrant population.