

**GSU Supplemental Application**  
**Graduate Program in Communication Disorders**

Name \_\_\_\_\_ Date \_\_\_\_\_

Current Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Address

City \_\_\_\_\_ Zip Code \_\_\_\_\_ State \_\_\_\_\_

Permanent Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_  Male  Female

**I. Are you Bilingual / Multilingual?**

- Yes  No Specify Languages \_\_\_\_\_

**II. Ethnic/Racial Information** is requested below for two main purposes:

- a) Distribution of scholarships and awards designed for students of specific ethnic/racial groups, and  
b) Reports for university and program accrediting agencies and for government-funded projects.

1. Are you Latino/Hispanic?  Yes  No

2. Please select the categories below that describe you. (Select as many as apply.)

American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White

**III. Have You Applied to the GSU Communication Disorders Graduate Program Previously?**

Yes  No If yes, when? \_\_\_\_\_

**IV. What is Your Enrollment Preference?**

- Full-Time ONLY (Maximum 9 graduate credits).  
 Part-Time (Maximum 6 graduate credits).  
 Prefer Full-Time But Will Accept Part-Time Offer.

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**Mail Your Completed Form to Governors State University at the Following Address:**

**Governors State University  
CDIS Graduate Admissions Committee  
Department of Communication Disorders  
1 University Parkway  
University Park, IL 60484-0975**