MERIT EVALUATION

(Subject to Change)

For your reference only; admissions committee completes this form. Do not fill out and submit.

NAME: ____________________ ID NUMBER: ________________ DATE OF APPLICATION: __________

Reading Category 1 Placement Test Yes or No (circle)
Writing Category 1 Placement Test Yes or No (circle)
Attended a SLPA Advising Session (within year of application) Yes or No (circle)
Residency Verification Form Yes or No (circle)

POINTS

1. COLLEGE CREDIT HOURS: ________/4
   Master’s or above = 4 points
   Bachelor’s = 3 points
   Associate’s = 2 points
   12+ credit hours = 1 point
   Less than 8 credit hours = 0 points

2. PRE-REQUISITE COURSE (or equivalent): ________/10
   SLPA 1101 Introduction to Speech Language Pathology Grade:
   Calculation:
   Final Grade Percentage x .1
   **SCORES <69.9% are denied candidacy and removed from applicant pool

3. ESSAYS: ________/2
   Excellent = 2 points
   Good = 1 points
   Fair = .5 points
   Poor = 0 points

TOTAL POINTS: ________/16