

**PREGRADUATE CERTIFICATE APPLICATION FOR ADMISSION
WEST CHESTER UNIVERSITY COMMUNICATIVE DISORDERS DEPARTMENT**

201 Carter Drive
West Chester, PA 19383
610-436-3401
PLEASE PRINT OR TYPE

A. STUDENT INFORMATION

1. _____
First M.I. Maiden/Former Last
2. SS# _____ - _____ - _____ (Providing your SS# is optional. The University uses it for ID purposes only)
3. DOB ____/____/____ 4. Sex ____Male ____Female
5. LEGAL ADDRESS _____
Number Street
- City State Zip County
6. Home Phone: (____) _____ Work/Emergency Contact (____) _____
7. Pennsylvania Resident: Yes/No: _____ Number of years _____
8. Citizenship _____/_____/_____/_____
USA Non-USA (specify) Visa Type Alien Registration Number
- 9 _____ 10. Have you ever attended West Chester University? Yes/ No: _____
Year of High School Graduation

B. COLLEGES ATTENDED

List in chronological order, most recent first, all colleges or postsecondary institutions attended. Include any past attendance at West Chester University.

1. Institution _____				__ Check here if currently enrolled	
Address _____					
From: Month/Year:		To: Month/Year:		Major: _____	
				Degree/Date: _____	
2. Institution _____				__ Check here if currently enrolled	
Address _____					
From: Month/Year:		To: Month/Year:		Major: _____	
				Degree/Date: _____	
3. Institution _____				__ Check here if currently enrolled	
Address _____					
From: Month/Year:		To: Month/Year:		Major: _____	
				Degree/Date: _____	

Please submit an official transcript from EACH college/university attended with this application along with one letter of recommendation addressing your academic skills.