

Name: _____

Madonna University
Sign Language Studies Department
Application for Admission to the Sign Language Studies Program

STUDENT INFORMATION

Date _____

Student ID# _____

Name _____

Home Address _____
Number Street City State Zip

Home Phone Number () Work () _____

Cell Phone _____ *Main Email Address _____
***Required**

Academic Track (Check Below)

Bachelor of Arts _____ Associate of Arts _____ SLS Minor _____

Certificate of Completion _____

Major in Sign Language Studies (Interpreting) _____ (Deaf Studies) _____

Minor in Sign Language Studies _____ Current Major _____

No Prior Experience in Sign Language and/or Deaf Studies _____

Name: _____

Documentation of Prior Education

Academic Studies

First time in college. Yes _____ No _____

First time enrolling in Sign language courses. Yes _____ No _____

If yes to either above, please proceed to essay portion.

If no, please continue.

Prior Sign language courses please name the colleges or universities attended. Indicate year of attendance.

Work Experience

Name of Employer/Agency/Organization, Date/s and Year/s of Employment

Name: _____

Life Experiences

Document where you acquired your Sign language skills.

Indicate the following.

ASL Yes _____ No _____ Manually Coded English Yes _____ No _____

Both Yes _____ No _____

*** Transfer students must provide transcripts.** Lower division Sign Language courses may transfer subject to the following:

- First and second year Sign language courses are evaluated according to course number, course description and course content. Only courses of a GPA of 3.0 or higher may transfer into the Sign Language Studies programs. If Sign language courses are of a GPA of 2.0 they may be accepted for general education electives. (A total of 120 semester hours are required for graduation with the Bachelor of Arts).

Sign Language Interview

Students are required to meet with their Sign Language Studies Department advisor or the SLS evaluator for an informal Sign language evaluation.

Advisors Signature _____ Date _____

Name: _____

Note: In addition to completing pages 1-5 of this application, you are responsible for requesting two letters of recommendation be sent to the Chair of the Sign Language Studies Department. Forms are available in the Sign Language Studies office, room 2202. The address:

SLS Chair
Madonna University
36600 Schoolcraft
Livonia, Michigan 48150

Recommendations are acceptable from Madonna University faculty, faculty from other universities or professionals working in a deafness related profession.

Submit your application to the Sign Language Studies Department once this form is completed and the recommendations have been requested.

To be Completed by the Sign Language Studies Review Committee

1. Application/Essay Completed _____
2. GPA Transcript/s Provided _____
3. GPA in Sign Language Courses _____
4. Recommendation Forms _____
5. Sign Language Interview Completed _____
6. Referred to Experiential Learning Program for Verification _____

Comments: _____

Approved by the Sign Language Review Committee

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____